


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 NOV 30 PM 12:17 <i>umh</i> <i>12/3</i>	
1. Name of Limited Partnership IRONHORSE, LIMITED		1a. DOCUMENT # A25135		
Mailing Address 8000 IRONHORSE BLVD. WEST PALM BEACH FL 33412		Principal Office Address 8000 IRONHORSE BLVD. WEST PALM BEACH FL 33412		3. Date Formed or Registered 09/08/1987
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/22/1997
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL
City & State		City & State		5a. Capital Contributions as Shown on record. \$3,000,000.00
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date: 3,000,000.
				6. FEI Number 52-1533156 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				8. Make check payable to: Dept. of State (See reverse side for fee information)
9. Name and Address of Current Registered Agent				
B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 NORTH ORANGE AVENUE SUITE 1100 ORLANDO FL 32801				
10. If changed, new Registered Agent/Office				
Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code				
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
GARNET PROPERTIES CORP.	280 PARK AVENUE	NEW YORK NY 10017	F95000005968	
000002703970--0 -12/04/98--01110--019 ****526.25 ****526.25				
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.				
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.				
SIGNATURE <i>James J. [Signature]</i> DATE 9/15/98				
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____				

CR2E003 (8/98)