


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 21 PM 12:45</b>	
<b>1. Name of Limited Partnership</b>  HALLANDALE PARTNERS, LTD.		<b>1a. DOCUMENT #</b> <b>A26550</b>			
<b>Mailing Address</b>  5001 UNIVERSITY DR SUITE C DAVIE FL 33328		<b>Principal Office Address</b>  5001 UNIVERSITY DR SUITE C DAVIE FL 33328		<b>3. Date Formed or Registered</b> <b>06/13/1988</b>	
				<b>3a. Date of Last Report</b> <b>12/08/1997</b>	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>4. State or Country of Formation</b> <b>FL</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>5a. Capital Contributions as Shown on record.</b> <b>\$500,000.00</b>	
City & State		City & State		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>	
Zip		Zip		<b>6. FEI Number</b> <b>65-0056476</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b>  VEGA, MANUEL 5001 UNIVERSITY DR. SUITE C DAVIE FL 33328		<b>10. If changed, new Registered Agent/Office</b>  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
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**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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/Document Number</b>
VEGA, MANUEL VEGA-HALLANDALE CORP.	606 EAST HALLANDALE B 606 EAST HALLANDALE B	HALLANDALE FL HALLANDALE FL	M79749
800002737328-3 -01/11/99--01143-020 *****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 \_\_\_\_\_

DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_

Daytime Telephone Number \_\_\_\_\_

CR2E003 (8/98)