


FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 JAN -6 PM 4:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K14

LIMITED PARTNERSHIP ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership ISLAND REACH PARTNERS, LTD.		1a. DOCUMENT # A27159	
Mailing Address 5200 TOWN CENTER CIRCLE, SUITE 302 BOCA RATON FL 33486		Principal Office Address 9873 LAWRENCE RD. #L101 BOYNTON BEACH FL 33436	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address 5200 Town Center Circle Suite, Apt. #, etc. 302 City & State Boca Raton, FL Zip Country 33486	
		3. Date Formed or Registered 10/03/1988	
		3a. Date of Last Report 04/04/1996	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$2,901,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date: - 0 -	
		6. FEI Number 65-0089414 <input type="checkbox"/> Applied For <input 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 CHAPPELEAR, JOHN 5200 TOWN CENTER CIRCLE, SUITE 302 BOCA RATON FL 33486		10. If changed, new Registered Agent/Office Name Bernard Zimmerman Street Address (P.O. Box Number is Not Acceptable) 5200 Town Center Circle Suite, Apt. #, etc. 302 City Boca Raton FL Zip Code 33486	
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) X Bern Zim		DATE 12-30-96	

**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) BOYNTON PALM BEACH HARBOR CO	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5200 TOWN CENTER CIRC	11b. City, State & Zip Code BOCA RATON FL	11c. Registration/Document Number M95490
000002061010--1 -01/16/97--01109--012 ****191.25 ****191.25			

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 **X Bern Zim** DATE **12-30-96**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (6/96)