

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**FILED** *LR 11/10*  
**98 NOV 10 AM 10:40**  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA



1. Name of Limited Partnership  <b>EXP. C. C., LTD.</b>	1a. DOCUMENT # <b>A27626</b>
---	---------------------------------

Mailing Address 2400 W COPANS ROAD SUITE 6 POMPANO BEACH FL 33069	Principal Office Address 2400 W COPANS ROAD SUITE 6 POMPANO BEACH FL 33069	3. Date Formed or Registered <b>12/23/1988</b>	5a. Capital Contributions as Shown on record. <b>\$192,500.00</b>
		3a. Date of Last Report <b>11/04/1997</b>	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation <b>FL</b>	
2. Mailing Address 1048 Kane Concourse Suite 2B Bay Harbor, FL Zip 33154	2a. Principal Office Address 1048 Kane Concourse Suite 2B Bay Harbor, FL Zip 33154	6. FEI Number <b>65-0110844</b>	<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 <b>REINHARD, SANFORD</b> 2875 NE 191ST ST., SUITE 404 NO. MIAMI BEACH FL 33190	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. <b>800002689208-5</b> City <b>MIAMI BEACH FL 33156</b>
--	--

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
HARLAND ASSOCIATES, INC. SHOP-EXP., INC.	8371 WATERFORD CIR 2875 N.E. 191ST. ST.,	TAMARAC FL NORTH MIAMI BEACH FL	517336 P95000095941

**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 *[Signature]* \_\_\_\_\_ DATE \_\_\_\_\_

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/98)