



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 \$9 JAN 11 PM 8 34 1999 TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership PH PARTNERS LTD.		1a. DOCUMENT # A27703			
Mailing Address C/O SEVELL & DUNCAN 2295 CORPORATE BLVD., NW, SUITE 125 BOCA RATON FL 33431		Principal Office Address C/O ALAN B WEISMAN 55 EAST 59TH STREET, 11TH FLOOR NEW YORK NY 10022		3. Date Formed or Registered 01/04/1989 3a. Date of Last Report 04/20/1998 4. State or Country of Formation NJ 6. FEI Number 13-2975089 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 information)	
2. Mailing Address Suite, Apt #, etc City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc City & State Zip Country		5a. Capital Contributions as Shown on record \$125,000.00 5b. Amount of Capital Contributions in FLORIDA to date <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	

9. Name and Address of Current Registered Agent ANDREW SERVICE CORPORATION OF FLORIDA SQUIRE SANDERS & DEMPSEY 100 CHOPIN PLAZA MIAMI FL 33131				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc City State Zip Code FL	
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). Thereby 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) WEISMAN, ALAN B. LICHTENSTEIN, MICHAEL IFSHIN, STEPHEN		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 930 PARK AVENUE 2350 N.E. 48TH COURT 420 WEST END AVENUE		11b. City, State & Zip Code NEW YORK NY LIGHTHOUSE POINT FL NEW YORK NY	
				11c. Registration Document Number 111004 014	

CR2E003 (8/98)

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 _____

1/4/99

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____