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

1. Name of Limited Partnership

SIGNATURE

1a. DOCUMENT # A28499 FILED 98 OCT 20 AM 10:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	A20499		TALLATIMOSE	
FOREST RUN PARTNERS, LTD.				
Mailing Address C/O SAMCO PROPERTIES. INC. 10 FAIRWAY DRIVE. SUITE 114 DEERFIELD BEACH FL 33441 2. Mailing Address Description Suite, Apt. #, etc.	Principal Office Address C/O SAMCO PROPERTIES, INC. 10 FAIRWAY DRIVE, SUITE 114 DEERFIELD BEACH FL 33441 2a. Principal Office Address (9554 SW 5) Suite, Apt. #, etc.	\ <u>\$</u> }.	3. Date Formed or Registered 06/19/1989 3a. Date of Last Report 09/15/1997 4. State or Country of Formation FL 6. FELNumber 59-2649722	5a. Capital Contributions as Shown on record. \$2,550,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$2,550.000
Deerfield Beach, FL Zip Country 33441 U.S.	Margate,	F) Country U.S.	7. Certificate of Status Desired 8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required state (See reverse side for fee information)
9. Name and Address of Current Registered Agent SPIEGEL, SAM %SAMCO PROPERTIES, INC. 10 FAIRWAY DR., #114		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
DEERFIELD BEACH FL 33441 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.				
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 P	artner	11b. City, State & Zip Code	11c. Registration/
- SPJEGEL, SAM	10 FAIRWAY DR., #114	(Authors)	DEERFIELD BEACH FL	A-28489
			5000021 -10/28. ****57	/\$801092024
Note: General partners MAY NOT b	e changed on this form:	an ame	ndment must be filed to cha	nge 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