

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
| | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 OCT 10 PM 4:04 |

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| 1. Name of Limited Partnership 8585 SUNSET, LTD. | 1a. DOCUMENT # A28620 |
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| 2. Mailing Address 8585 SUNSET DRIVE WEST ATRIUM MIAMI FL 33143 | 2a. Principal Office Address 8585 SUNSET DRIVE WEST ATRIUM MIAMI FL 33143 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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|---------------------------------------------------------------------------------------------|-----------------------------------------------------------------|
| 3. Date Formed or Registered 07/12/1989 | 5a. Capital Contributions as Shown on record \$500.00 |
| 3a. Date of Last Report 01/21/1997 | 5b. Amount of Capital Contributions in FLORIDA to date |
| 4. State or Country of Formation FL | |
| 6. FEI Number 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) | |

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| 9. Name and Address of Current Registered Agent RADAJO, INC. 8585 SUNSET DR. WEST ATRIUM MIAMI FL 33143 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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 _____

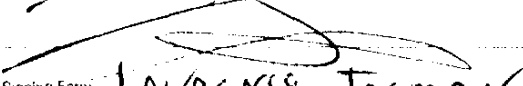
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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|--------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------------------|
| 11. Name(s) of General Partner(s) RADAJO, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8585 SUNSET DR.W. ATR # 409 | 11b. City, State & Zip Code MIAMI FL | 11c. Registration/Document Number K97877 |
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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 **10/9/97**
 Typed or Printed Name of General Partner Signing Form **LAWRENCE JORMAN** Daytime Telephone Number **(305) 595-8232**

CR2E003 (6/97)