

**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
98 DEC 24 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A28981
FORT WORTH ASSOCIATES, LTD.	

Mailing Address 100 N. WILKES-BARRE BLVD. WILKES-BARRE PA 18702 US	Principal Office Address 300 SOUTHEAST FIFTH AVENUE UNIT 8100-A BOCA RATON FL 33432	3. Date Formed or Registered 09/28/1989	5a. Capital Contributions as Shown on record. \$990.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/29/1997	5b. Amount of Capital Contributions in FLORIDA to date: 990.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 52-1647395 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent S. H. LIMITED INVESTMENT CORPORATION 300 SOUTHEAST FIFTH AVENUE, UNITE 8100-A BOCA RATON FL 33432	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Applicable) 300002743259--1 Suite, Apt. #, etc. -01/15/99--01017--018 City ***150 FL ***150.00 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.**

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
S.H. LIMITED INV. CORP.	300 SE 5TH AVE, #8100	BOCA RATON FL	S67603

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 James R. Verano DATE 12/11/98

Typed or Printed Name of General Partner Signing Form JAMES R. VERANO Daytime Telephone Number 617 822-6277

CR2E003 (8/98)