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

LIMITED PARTNERSHIP **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FHED

1999	DIVISION OF CORI		אס מתה מי	2 DM 1.	10	
1. Name of Limited Partnership	1a. DOCUME A29191	99 FEB 23 PM 1: 16 SEGRETARY OF STAIL TALLAHASSEE, FLORIDA				
CURRITUCK INVESTMENTS,	LIMITED	}				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record		
701 BRICKELL AVE., SUITE 850	701 BRICKELL AVE. SUITE 850		11/08/1989			
MAMI FL 33131 MIAMI FL 33131			3a. Date of Last Report 02/26/1998	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	State or Country of Formation to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number NOT APPLICABLE	Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip Co	ountry	Nake check payable to: Dept. of State (See reverse side f		Fee Required se side for fee information)	
9. Name and Address of Curi	<u></u>		10. If changed, new Registere	ed Agent/Office		
HUDSON, ROBERT F. JR. 701 BRICKELL AVENUE SUITE 1600 MIAMI, FL FL 33131		Street Address (P.O. Box Number Is Not Acceptable) 1200 Brickell Avenue Suite, Apt #, etc 19th Floor				
		City Miami named limited partnership organized or registered under the laws of the			33131	
agent. I am familiar with, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THA	AT IS A CORPORATION, LIN	MITED PART	DATE NERSHIP OR OTHE	<u> </u>	IESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Pa	lumbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
BRIARCLIFF HOLDINGS, LTD	THE LAKE BUILDING, FI	ROA	ROAD TOWN, VIRGIN ISL		P39916	
CURRITUCK INVESTMENTS, INC.	701 BRICKELL AVE., SU	MIAN	400002 -03/03	L26 7 SI SHE 3799016 396.25		
Note: General partners MAY NO						
12. I do hereby certify that the information supplied wi	th this filing is voluntarily furnished and does not qua	alify for the exemption st	ated 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.

S	G	N/	١T	u	R	E

Typed or Printed Name of General Partner Signing Form

John S. Sullivan

2-19-99

Daytime Telephone Number (305) 381-8340