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

1a. DOCUMENT # **A29541**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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j					
RELAND CORAL GARDENS, LTD.			CD1/13		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
12000 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181-2742	12000 BISCAYNE BLVD. SUITE 810 MIAMI FL 33181-2742		01/23/1990 3a. Date of Last Report 12/31/1997	\$1,311,000.00 5b. Amount of Capital	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date:	
<u> </u>			FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0170284	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Co	ountry	8, Make check payable to: Dept. of S	ate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		Nama	10. If changed, new Registered Agent/Office		
Name		Name			
		Street Address (P.C	Iress (P.O. Box Number Is Not Acceptable)		
12000 BISCAYNE BLVD.	Suite, Apt. #		. etc.		
SUITE 810					
MIAMI FL 33181-2742	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.					
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 Pa		City, State & Zip Code	11c. Registration/ Document Number	
IRELAND CORAL GARDNS,INC	12000 BISCAYNE BLVD.		MIAMI FL 33181-2742	L39450	
			-01/14/9	428063 3901128001 5.00 ****526.25	
				\$526.25	

CR2E003 (8/9

12. I do hereby certify that the Information supplied with this filling 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 paport as required by chapter 620, Florida Statutes.

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

SIGNATURE JOU THURAND, VD TRELAND CORAL DATE 12-28-98

Typed or Printed Name of General Pertner Signing Form Lou IRELAND GARDENS, INC. 305-891-6806