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

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A29622**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 31 AM 9: 28



RELAND BUILDING, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	State Formed or Registered 58. Capital Contributions as Shown on record.	
12000 BISCAYNE BLVD. 12000 BISCAYNE BLVD. SUITE 810			02/06/1990 3a. Date of Last Report	\$1,389,000.00	
MIAMI FL 33181	MIAMI FL 33181			5b. Amount of Capital Contributions in FLORII	DA DA
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State	City & State			
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required of State (See reverse side for fee Information)	
		,			IIOTHAIIOH)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name			
IRELAND BUIDING, INC. 12000 BISCAYNE BLVD.		Street Address (P.O. Box Number Aller 100 24 12 13 3 1 1 1 1 1 1 1			
SUITE 810		Suite, Apt. #, etc. ###11152.50 ####541.25			
MIAMI FL 33181		City		FL Zip Code	
for the purpose of changing its registered office agent. I am familiar with, and accept the obliging SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT	0	rida. Such change	was authorized by its general partner(s). I her DATE ARTNERSHIP OR OTHE	eby accept the appointment of re	agistered
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	l Partner x Numbers)	1b. City, State & Zip Code	11c. Registration Document Num	
IRELAND BUILDING, INC.	12000 BISCAYNE BLVD.		MIAMI FL 33181	L39454 (A69) 809380	
Note: General partners MAY N	OT be changed on this form	ı; an amen	dment must be filed to cha	ange a general par	iner.
12. I do hereby certify that the information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and that n empowered to execute this report of required by	a with Section 119.07(3)(k) in the event that the int my signature shall have the same legal effects as a chapter 620, Florida Statutes.	formation supplied if made under oath	is deemed exempt from public access. I furth in I further certify that I am a General Partner o	er certify that the information indi f the limited partnership, receiver	icaled on or trustee
SIGNATURE OU	freland, V	, 	DATE	2.2.97	
SIGNATURE JOU Juliund, V.P. Typed or Printed Name of General Partner Signing Form LOU JRELAND Daytime Telephone Number 305-891-6806					