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

SECRETARY OF STATE DIVISION OF CORPORATION

	98 NOV -2 PM 4: 09						
1. Name of Limited Partnership	1a. DOCUMENT # A30099			% "/3 20 404 −5 Lt #: Ω3			
PALMETTO AND 61ST WAREHOUSE, LTD.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capita	al Contributions as n on record.	
300 GRECO AVENUE CORAL GABLES FL 33146	300 GRECO AVENUE CORAL GABLES FL 33146			05/18/1990 3a. Date of Last Report 12/29/1997 4. State or Country of Formation	\$1,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number 65-0196248		Applied For Not Applicable	
City & State	City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip	Country		8. Make check payable to: Dept. of \$		Fee Required	
<u> </u>		7	-	10 Makangad pay Pagintarad	Acent/Office		
9. Name and Address of Current Registered Agent EASTON, EDWARD W. 300 GRECO AVENUE		10. If changed, new Registered Agent/Office Name					
		Street Address (P.O. Box Number is Not Acceptable)					
CORAL GABLES FL 33146	 		Suite, Apt. #, etc.				
		City			FL	Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	gistered agent, or both, in the State of Flori	ed iimited partner ida. Such change	ship organi was autho	ized or registered under the laws of the prized by its general partner(s). I hereby DATEDATE	State of Florid accept the ap	a, submits this statement pointment of registered	
A GENERAL PARTNER THAT	IS A CORPORATION, I BE REGISTERED AN	LIMITED ID ACTIV	PART E WIT	NERSHIP OR OTHE TH THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	al Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
PALMETTO AND 61ST WARE HOUSE	C/O 300 GRECO AVENUE		CORAL GABLES FL		L73	L73906	
; •				700002 -11/04 ****5	680: /980; 26.25	3778 1069012 ****526.25	

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 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 inclicated 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 regalized by chapter 620, Florida Statutes.

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Typed or Printed Name of General Partner Signing Form

CALVIN H. BABCOCK

10-22-98 (305) 448-9999 CR2E003 (8/98