

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

SECRET
SECRETARY OF STATE
DIVISION OF CORPORATIONS

30 JAN 27 PM 6:30

1. Name of Limited Partnership		1a. DOCUMENT # A30117	
RELATED PALM BEACH, LTD.		99-AP/CUS CM	
Mailing Address		Principal Office Address	
2828 CORAL WAY, PENTHOUSES MIAMI FL 33145		2828 CORAL WAY, PENTHOUSES MIAMI FL 33145	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	



3. Date Formed or Registered 05/23/1990	5a. Capital Contributions as Shown on record \$100.00
3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FL OR DA to date
4. State or Country of Formation FL	
6. FEI Number 65-0252123	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 form information)	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
THE RELATED COMPANIES OF FLORIDA, INC. 2828 CORAL WAY, PENTHOUSES MIAMI FL 33145		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RELATED CO.'S OF FL, INC	2828 CORAL WAY, PENTH	MIAMI FL	617998

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)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) 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

ANGEL HERNANDEZ
VICE - PRESIDENT

DATE

1/21/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)