

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 16 AM 10:14



1. Name of Limited Partnership
**1a. DOCUMENT #
A30304**

SUN CENTRE OFFICE BUILDING LIMITED PARTNERSHIP

Mailing Address: ~~8890 W. OAKLAND PARK # 201 SUNRISE FL 33351~~
Principal Office Address: ~~25 SOUTHEAST 2ND AVENUE, SUITE 900 MIAMI FL 33131~~

3. Date Formed or Registered: **06/28/1990**
3a. Date of Last Report: **11/15/1996**
4. State or Country of Formation: **FL**
5a. Capital Contributions as Shown on record: **\$1,900,000.00**
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address: **4350 W. Cypress Street**
Suite, Apt. #, etc.: **250**
City & State: **TAMPA, FL**
Zip: **33607** Country: **USA**
2a. Principal Office Address: **4350 W. Cypress Street**
Suite, Apt. #, etc.: **250**
City & State: **Tampa, FL**
Zip: **33607** Country: **USA**

6. FEI Number: **65-0212916**
 Applied For
 Not Applicable
7. Certificate of Status Desired: **\$8.75 Additional Fee Required**
8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
**SUN CENTER, INC.
4350 WEST CYPRESS STREET, SUITE 250
TAMPA FL 33607**

10. If changed, new Registered Agent/Office
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
ECHION USA, INC. Sun Center, Inc	8890 W. OAKLAND PARK 4350 W. Cypress Street, St 250	FORT LAUDERDALE FL TAMPA, FL	M69578 P97 000 108128
(amendment filed enclosed) 12/25/99			
900002461410--1 -03/13/98-01002-024 ***526 25 ***526 25 3-17			

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)(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.

SIGNATURE _____ **H. Beersom** DATE **3/2/98**
Typed or Printed Name of General Partner Signing Form _____
Division Telephone Number **813-361-8800**

CR2E003 (12/97)