

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
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FILED
99 FEB 15 PM 2:40

SECRET
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A30887
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MISTY OAKS PARTNERS, LTD.

Mailing Address 555 S. POMPANO PARKWAY POMPANO BEACH FL 33065		Principal Office Address 555 S. POMPANO PARKWAY POMPANO BEACH FL 33065		3. Date Formed or Registered 12/10/1990	5a. Capital Contributions as Shown on record \$300,000.00
2. Mailing Address Valdes-Fauli - Suite, Apt. #, etc. 2 South Biscayne Blvd City & State One Biscayne Tower Suite 3400 Zip Miami FL 33131 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip		3a. Date of Last Report 11/06/1997	5b. Amount of Capital Contributions in FLORIDA to date
				4. State or Country of Formation FL	
				6. FEI Number 65-0230660	<input type="checkbox"/> Applied For <input checked="" 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 fee information)					

9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD. ONE BISCAYNE TOWER, STE. 3400 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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
MISTY/INWOOD CORP.	8223 NW 68 ST.	MIAMI FL 33166	P94000090940
7000002792687--5 -03/02/99--01084--008 ****535.00 ****535.00 (Acc. Recs)			

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

Maria Clara Garbati

DATE

12/23/98

Typed or Printed Name of General Partner Signing Form

MARIA CLARA GARBATI

Daytime Telephone Number

954-9684408

CR2E003 (8/98)