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

DOCUMENT#

97 OCT -6 ANII: 22 SLOPETARY OF STATE TALLAHASSEE, FLORIDA

FILED

	A31015	A31015				
100 ROYAL PALM WAY LIN	MITED PARTNERSHIP ()	8-8°	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Mailing Address	Principa! Office Address		3. Date Formed or R	legistered	5a. Capital Contributions as Shown on record.	
400 ROYAL PALM WAY	400 ROYAL PALM WAY	400 ROYAL PALM WAY			\$5,205,000.00 5b. Amount of Capital Contributions in FLORIDA to date \$4,705,401.00	
SUITE 206	SUITE 206 PALM BEACH FL 33480		3a. Date of Last Rep	port		
PALM BEACH FL 33480			10/15/1996			
2. Mailing Address	28. Principal Office Address		4. State or Country of	f Formation		
Tribuing reorges			FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	6. FEI Number Applied For		
City & State	City & State		52-1709669		Not Applicable	
Zip Country	Zip	Country	7. Certificate of Statu	is Desired	\$8.75 Additional Fee Required	
Zip Gountry	ΣΙΡ	Country	8. Make check payat	ble to: Dept. of Sta	te (See reverse side for fee inform	
9. Name and Address of C	Current Registered Agent	<u> </u>	10. If changed	new Registered A	gent/Office	
KIPP, ERNST-LUDWIG		Name				
		Street Address (P.O. Box Number Is Not Acceptable)				
C/O 400 ROYAL PALM WAY LIMITED 400 ROYAL PALM WAY, SUITE 206	PARTNERSHIP	Suite, Apl. #	elc.			
PALM BEACH FL 33480		Cily FL Zip Code				
						agent. I am familiar with, and accept the ob-
A GENERAL PARTNER TH	HAT IS A CORPORATION, I IUST BE REGISTERED AN	LIMITED ID ACTIV	PARTNERSHIP OF EWITH THIS OFF	R OTHER ICE.	BUSINESS ENTI	
11. Name(s) of General Partner(s)	11a. Address of Each Goner	al Partner ox Numbers)	11b. City, State & Zip C	Code	11c. Registration/ Document Number	
400 ROYAL PALM, INC.	400 ROYAL PALM WAY, S		PALM BEACH FL 33480		S21750	
1			600	10029 -10/08/1 ****54	:15396 3701103003 1.25 ****541.2	
•						
Note: General partners WAY 12. I do hereby certify that the information supplier Corporations from any hability of non-complied this annual report is true and accurate and that	NOT be changed on this form	n· an ame	indment must be file	ed to chan	ne a general narto	

this annual report is true and accurate and marring signature marring ampowered to execute this report as required by chapter that the state of the

SIGNATURE LLY -

DATE 10/1/97 _____ Daytime Telephone Number 561-655 - 3466