FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 10 AM 8: 49 **DOCUMENT#** 1. Name of Limited Partnership A31072 SAMPLE SQUARE, LTD. 3. Date Formed or Registered 5a. Capital Contributions as Shown on record. Mailing Address Principal Office Address 01/16/1991 1320 SOUTH DIXIE HIGHWAY, SUITE 1061 1320 SOUTH DIXIE HIGHWAY, SUITE 1061 \$500,000.00 CORAL GABLES FL 33146-2911 CORAL GABLES FL 33146-2911 3a. Date of Last Report 5b. Amount of Capital Contributions in FLORIDA to date: 12/26/1997 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 500,00 FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 65-0232608 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name FARBISH, HOWARD J. Street Address (P.O. Box Number Is Not Acceptable) 1320 SOUTH DIXIE HIGHWAY, SUITE 1061 Suite, Apt. #, etc. CORAL GABLES FL 33146-2911 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. DATE SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE Address of Each General Partner Registration/ 11. 11a. (Do NOT Use Post Office Box Numbers) 11c. Name(s) of General Partner(s) 11b. City, State & Zip Code Document Number SAMPLE SQUARE, INC. 1320 S. DIXIE HWY, #1 CORAL GABLES FL S22546 3000027|13373---12/15/38--01072 -024 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 effect 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, Floriat (1) to the same legal effect 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, Floriat (1) to the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee SIGNATURE

NARD J. FARRISH

Typed or Printed Name of General Partner Signing Form