## HILE 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 FILED

98 DEC 29 PM 3: 23

1. Name of Limited Partnership		1a. DOCUMENT # A31348		SECRETARY OF STATE TALLAHASSEE. FLORIDA		
CORPORATE CENTER PROPERTY HOLDINGS, LTD.						
Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	7
450 E. LAS OLAS BLVD., 15TH FLOOR		450 E. LAS OLAS BLVD., 15TH FLOOR		03/28/1991	- \$10,000.00	
FT. LAUDERDALE FL 3330	1	FT. LAUDERDALE FL 33301		3a. Date of Last Report		_
				12/30/1997  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address		FL	10,000.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number	Applied For	7
City & State		City & State		65-0295317 7. Certificate of Status Desired	Not Applicable  \$8.75 Additional	4
Zip Country Zip		Zīp	Country		Fee Required  State (See reverse side for fee information)	_
			·			-
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
ROCHON, RICHARD C			Name Street Address (P.O. Box Number Is Not Acceptable)			
450 E. LAS OLAS BLVD., 15TH FLOOR						
FT. LAUDERDALE FL 33301			Suite, Apt. #, etc.			
			City FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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)						
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 Genera		Address of Each General (Do NOT Use Post Office Box			11c. Registration/ Document Number	]
Corporate Center Property  Management, INC  200 S. ANDREWS AVE.			j	LAUDERDALE FL	\$33237 (8)	CR2E003 (8/98)
Management, INC			70.00-UP		CR2	
	ļ			900002` -01/15. ****1	/ <del>\$</del> 901015012	
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 to Corporations from any II this annual report is true	he information supplied with this fili ability of non-compliance with Sec	ing is voluntarily furnished and does not q tion 119.07(3)(k) in the event that the info re shall have the same legal effects as if t	ualify for the exemption	stated in Section 119.07(3)(k), Florida Sta med exempt from public access. I further of her certify that I am a General Partner of the	atutes. I release the Division of certify that the information indicated on	
SIGNATURE			<u> </u>	DATE	126198	
Typed or Printed Name of General Partner Signing Form CRIS V RRANDEN VP CUIP Daytime Telephone Number 954-627-5000						
CANN DIEDUN MANT TAIT						

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