ALE 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# 1a.

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 15 AM 10: 09

	A32193			
DEL MAR PARTNERS LIMITED				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
16 NORMAN R. ZUCKER 7301 W. PALMETTO PARK ROAD BOCA RATON FL 83433	% NORMAN R. ZUCKER 7301 W. PALMETTO PARK ROAD BOCA RATON FL 33433		01/05/1991	\$1,089,000.00
			3a. Date of Last Report 01/02/1997	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
2. Mailing Address	28. Principal Office Address		FL.	{
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0289553	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information
9. Name and Address of Curr	rent Registered Agent		10. If changed, new Registere	d AgenyOflice
ZUCKER, NORMAN P. 7327 BALLANTRAE COURT		Name		
		Street Address (P.O. Box Number Is Not Acceptable)		
BOCA RATON FL 33498		Suite, Apt #, etc	С.	
		 		Zip Code
10a. Pursuant to the provisions of sections 620 1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of Flo			FL ne State of Florida, submits this stateme
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the changing agent. I am familiar with and accepting Appointment SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Flo tions of section 620 192, Florida Statutes.	ed limited partnersh vida. Such change	was authorized by its general partner(s). I hen DATE ARTNERSHIP OR OTHE	FL no State of Florida, submits this statement of registers
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the changing agent. I am familiar with and accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Floritons of section 620 192, Florida statutes. IT IS A CORPORATION, I	ed limited partnersh rida. Such change the c	was authorized by its general partner(s). I hen DATE ARTNERSHIP OR OTHE	FL no State of Florida, submits this statement of registered by accept the appointment of registered parameters. 12 897 R BUSINESS ENTITY Registration/
for the purpose of changing its registered office agent. I am familiar with, and accept the obligated Signature (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Flotions of section 620 192, Florida statutes. IT IS A CORPORATION, I ST BE REGISTERED AN	LIMITED PACTIVE al Partner DX Numbers)	DATE WITH THIS OFFICE.	FL ne State of Florida, submits this statement of registers 12 8/97 R BUSINESS ENTITY
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	or registered agent, or both, in the State of Flotions of section 620 192, Florida statutes. IT IS A CORPORATION, I ST BE REGISTERED AN Address of Each Gohere (Do NOT Use Post Office Brown of the Control of the Con	LIMITED PACTIVE al Partner DX Numbers)	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, State & Zip Code BOCA RATON FL	FL no State of Florida, submits this statement of the appointment of registers 12 897 R BUSINESS ENTITY 11c. Registration/ Document Number
for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the purpose of changing agent. I am familiar with, and accept the obligation of the purpose of	T IS A CORPORATION IST BE REGISTERED AN 11a. (Do NOT Use Post Office Ballants Address of Each Golders 7327 BALLANTRAE COUR	LIMITED PACTIVE al Partner ox Numbers) 1	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, State & Zip Code BOCA RATON FL '900002 -12/18 *****5	FL no State of Florida, submits this statement of Programment of Programment of Programment of Programment Number 12 8 97 R BUSINESS ENTITY 11c. Registration/ Document Number M52428 3 5 5 5 5 5 5 5 5 5
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	T IS A CORPORATION IS T BE REGISTERED AN 11a. Address of Each Govern (Do NOT Use Post Office Botton of the Use Post Office Bo	LIMITED PARTIES LIMITED PARTIES Partner Ex Numbers) 1	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, state & Zip Code BOCA RATON FL '31111122 -12/18 *****5	FL no State of Florida, submits this statement of Programment of Programment of Programment of Programment Number 12 897 R BUSINESS ENTITY 11c. Registration/ Document Number M52428 37-01103-025 4 .25 ****541.25
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the purpose of changing its registered agent. Accepting Appointment of the AGENERAL PARTNER THAT MU 11. Name(s) of General Partner(s) PROP. PLNG GRP OF FL,INC Note: General partners MAY NOTE: I do hereby certify that the information supplied with Corporations from any liability of non-compliance.	T IS A CORPORATION IS THE REGISTERED AN Address of Each Govern (Do NOT Use Post Office Both States) T Be changed on this for with Section 119.07(3)(k) in the event that the yeignature shall have the same logal effects a chapter 620, Florida Statutes.	LIMITED PACTIVE al Partner ox Numbers) OPEN AND SUPPLEMENTAL SUPPLEME	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, state & Zip Code BOCA RATON FL '3111112 -12/18 *****5	FL no State of Florida, submits this statement of Programment of Programment of Programment of Programment Number 11c. Registration/ Document Number M52428 37-01103-025 4.25 ****541.25