
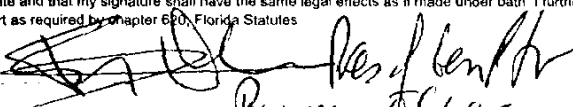


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A32404	
EASTMORELAND ASSOCIATES LTD.			
Mailing Address 1725 S. BAYSHORE DRIVE MIAMI, FL 33133-3305 US		Principal Office Address 1725 S. BAYSHORE DR. MIAMI FL 33133	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 12/27/1991	
		3a. Date of Last Report 12/22/1997	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record \$1,000.00	
		5b. Amount of Capital Contributions in FL OR/DA to date	
		6. FEI Number 59-3098019	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
SILVER, BERNARD F P.A. 1725 S. BAYSHORE DR. MIAMI FL 33133		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 33133	
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
EASTMORELAND, INC.	1725 S. BAYSHORE DR.	MIAMI FL 33131	V02355
SILVER, BERNARD F	1725 S. BAYSHORE DR.	MIAMI FL	
SILVER, LAWRENCE A	8890 S.W. 78TH PL	MIAMI FL	
200002803507-2 -03/12/99-01004-010 ****150.00 ****150.00			
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 680, Florida Statutes.			
SIGNATURE 		DATE 2-17-99	
Typed or Printed Name of General Partner Signing Form Bernard F. Silver		Daytime Telephone Number 305-85812868	

CR2E003 (12/98)