

**FILE 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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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1. Name of Limited Partnership		1a. DOCUMENT # A32751	
IRCC COMMERCIAL INVESTMENTS, LTD.			
Mailing Address	Principal Office Address		
C/O IRCC COMMERCIAL INVESTMENTS, INC 4625 NORTH A-1-A VERO BEACH FL 32963	C/O IRCC COMMERCIAL INVESTMENTS, INC 4625 NORTH A-1-A VERO BEACH FL 32963		
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: **03/27/1992**

3a. Date of Last Report: **12/01/1997**

4. State or Country of Formation: **FL**

5a. Capital Contributions as Shown on record: **\$350,000.00**

5b. Amount of Capital Contributions in FIC/CRS/A to date: Applied For Not Applicable

6. FEI Number: **65-0314118**

7. Certificate of Status Desired: \$8.75 Additional Fee Required

8. Multi-check payment: Dept. of State (See reverse side for further instructions)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
HENDERSON, STEVE L., ESQ. 817 BEACHLAND BOULEVARD VERO BEACH FL 32963	Name: Street Address (P.O. Box Number Is Not Acceptable): Suite, Apt. #, etc: City: Zip Code: FL

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
IRCC COMMERCIAL INV., INC	4625 NORTH A-1-A	VERO BEACH FL	V14121

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 620, Florida Statutes.

SIGNATURE _____ DATE **12-30-98**

Typed or Printed Name of General Partner Signing Form: **James DiMarzo** Daytime Telephone Number: **561-231-7729**

CR2E003 (8/98)