## 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

FILED 121/13

DOCUMENT # STATE

1.	Name	of Limited	Partnership
----	------	------------	-------------

**DOCUMENT#** 

1828 LAKE BEND DRIVE JUPITER FL 33458  Za. Date of Last Report 12/17/1997  4. State or Country of Formation FL  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	Name of Limited Partnership	A33202		SEC TALL	AHASSEE FLORIDA			
18256 LAKE BEND DRIVE JUPIER FL 33459  18256 LAKE BEND DRIVE JUPIER FL 33459  28. Principal Office Address  28. Principal Office Address  28. Principal Office Address  29. Suite, Apt. #, etc.  501, Apt. #, etc.  502, Oo., OO.  602  703  803  803  803  803  804  805  805  803  805  805  805  805  805	MEC FLORIDA FAMILY LI	MITED PARTNERSHIP						
18256 LAKE BEND DRIVE JUPIER FL 33459  18256 LAKE BEND DRIVE JUPIER FL 33459  28. Principal Office Address  28. Principal Office Address  28. Principal Office Address  29. Suite, Apt. #, etc.  501, Apt. #, etc.  502, Oo., OO.  602  703  803  803  803  803  804  805  805  803  805  805  805  805  805	Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as		
Sal Date of Last Report   20   11/1997   5b. Amount of Carpital Cardinalization in ILC/PIDA to allate:   530,000.00   55	18258 LAKE BEND DRIVE	18258 LAKE BEND DRIVE			07/20/1992			
2. Mailing Address  2a. Principal Office Address  2a. Principal Office Address  2a. Principal Office Address  5a,0,00,00  5a,0,00,00  5a,0,00,00  6b, FEI Number  6c, FEI Number  7c, ourificate of Status Desired  7c,	JUPITER FL 33458	JUPITER FL 33458				] Ψ·	330,000.00	
2. Mailing Address  2. Mailing Address  2. Mailing Address  2. Mailing Address  2. Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  Sulte, Apt. #, etc.  City & State  To Country  The Country					12/17/1997	5b. Amor	int of Capital	
Sulte, Apt. #, etc.    Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   Sulte, Apt. #, etc.   65, 76339898   Applied For 65-0339898   Not Applicable     7. Certificate of Status Desired   Sa. Notac check payable to: Dept. of State (See revenue side for fee information     St. Natice check payable to: Dept. of State (See revenue side for fee information	2. Mailing Address	2a. Principal Office Address			•	to date:		
City & State  City & State  City & State  City & State  Country  Country  Country  Country  Country  Country  Country  Country  To Country	Suite, Apt. #, etc.	Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		6. FEI Number			
Zip Country  8. Make check payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of State (See reverse side for fee information of the property of the payable to: Dept. of the payable to: D	City & State	City & State						
9. Name and Address of Current Registered Agent  SILVERMAN, THOMAS N. ESQUIRE C/O THOMAS N. SILVERMAN, P.A. 4400 PGA BLVD., SUITE 102 PALM BEACH GARDENS FL 33410  10a. Pursuant to the provision of sections \$20,1051 and \$20,192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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, and accept the obligations of section \$20,192, 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 General Partner(s)  11a. Address of Sach General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Partner of Sach Corporation and Sach Corporation an	Zip Country	Zip	Country					
SILVERMAN, THOMAS N ESQUIRE C/O THOMAS N. SILVERMAN, P.A. 4400 PGA BLVD., SUITE 102 PALM BEACH GARDENS FL 33410  10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnorship organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its 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, are 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(e) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & 2ip Code  11c. Registration/ Document Number  CIAVARELLA, MARY E TR.  18258 LAKE BEND DRIVE  JUPITER FL  SOCIONAL STATES A General Partner  11b. City, State & 2ip Code  11c. Registration/ Document Number  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.					O. Make check payable to: Dept. of	State (See reve	erse side for fee information	
SILVERMAN, THOMAS N ESQUIRE C/O THOMAS N. SILVERMAN, P.A. 4400 PGA BLVD., SUTE 102 PALM BEACH GARDENS FL 33410  10a., Pursuant to the provisions of sections 520.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, such change was authorized by its general partner(s). I hereby accept the appointment of 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, and agent. I am familiar with, and accept the obligations of section 820.192, 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(e) of General Partner(s)  11a. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11b. City, State & Zip Code  11c. Registration/ Document Number  CIAVARELLA, MARY E TR.  18258 LAKE BEND DRIVE  JUPITER FL  SOUDD 2583759  ********525. 25  ***********************************	9. Name and Address of	of Current Registered Agent			10. If changed, new Registere	d Agent/Office		
C/O THOMAS N. SILVERMAN, P.A. 4400 PGA BLVD., SUITE 102 PALM BEACH GARDENS FL 33410  Total Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited perthenship organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered diffee 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 marting 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 General Partner(s)  11a. Address of Each General Partner  MOST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11b. City, State & Zip Code  11c. Registration Decument Number  CIAVARELLA, MARY E TR.  18258 LAKE BEND DRIVE  JUPITER FL  SICOLO STATE STATES	SILVERMAN THOMAS N ESQUIRE		Name					
Sulte, Apt. #, etc.			Street Addr	Street Address (P.O. Box Number Is Not Acceptable)				
Pursuant to the provisions of sections 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)  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  11b. City, State & Zip Code  11c. Registration/Document Number  11c. Registration/Document Number  11d. State & Zip Code  11d. State & Zip C			Suite, Apt.	#, etc.				
10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited pertnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its 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, 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 General Partner(s)  11a. Address of Each General Partner  (Do NOT Use Post Office 8ox Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  CIAVARELLA, MARY E TR.  18258 LAKE BEND DRIVE  JUPITER FL  SOCIOLO 2699-0112  ******526.25 *******526.25	PALM BEACH GARDENS FL 33410		City			FI	Zip Code	
11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  CIAVARELLA, MARY E TR.  18258 LAKE BEND DRIVE  JUPITER FL  30002683769-5 -11/17/98-01069-012 ******526.25  ******526.25  Note: 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  11b. City, State & Zip Code  11c. Registration/ Document Number  11c. Registration/ Document Number  11d. Number	for the purpose of changing its registered agent. I am familiar with, and accept the design of the second sec	office or registered agent, or both, in the State of Ficobiligations of section 620.192, Florida Statutes.  ment)  THAT IS A CORPORATION,	orida. Such chang	ge was auth	crized by its general partner(s). I heret	y accept the ap	ppointment of registered	
CIAVARELLA, MARY E TR.  18258 LAKE BEND DRIVE  JUPITER FL  90002689769—5 -11/17/38—01069—012 *****526.25 *****526.25  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.		11a Address of Each Gene	eral Partner	1		11c.	Registration/	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.		(55.15) 536 (55.5)			JUPITER FL			
					900002 -11/1 ****	2 <b>68</b> 9 7/98( 526.25	7695 11069012 ****\$26.25	
	Note: General partners MAN	/ NOT be changed on this for	m: an am	endme	nt must be filed to ch	ange a g	eneral partner.	
		***************************************						

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 _	ma	، م	0	· aud	كعم	كأم	)
				<b>.</b>		C.	

Daytime Telephone Number