

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

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

99 JAN 21 AM 8:56

1. Name of Limited Partnership		1a. DOCUMENT # A33278	
MTLC INVESTMENT, LTD.		<i>qq-ARCM</i>	
Mailing Address	Principal Office Address		
100 S. ANCHORAGE DR NORTH PALM BCH FL 33408	100 S. ANCHORAGE DR NORTH PALM BCH FL 33408		
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 08/06/1992	5a. Capital Contributions as Shown on record \$2,400,000.00
3a. Date of Last Report 12/12/1997	5b. Amount of Capital Contributions (FLCIRDA) to date
4. State or Country of Formation FL	
6. FEIN Number 65-0349428	☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired	☐ \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for information)	

9. Name and Address of Current Registered Agent MOORE, BECKY B. % MOORE & ELLRICH, P.A. 4400 PGA BLVD., SUITE 400 PALM BEACH GARDENS FL 33410	10. If changed, new Registered Agent-Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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). Thereby 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) MTLC MANAGEMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4400 PGA BLVD., STE 4	11b. City, State & Zip Code PALM BCH GARDENS FL	11c. Registration Document Number V55819
800002784058--2 -02/03/99--01087--010 ****\$26.25 ****\$26.25			

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

Yomara J. Vanden...

DATE

12/31/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)