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

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

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MIAMI FL 33131  Mailing Address  Za. Principal ( Suite, Apt. #, etc.)  Suite, Apt. #, etc.  City & State  Country  Zip	S & BOWEN BISCAYNE BLVD. 3131 Office Address	3. Date Formed or Registered  08/18/1992  3a. Date of Last Report  12/11/1997  4. State or Country of Formation  FL  6. FEL Number  65-0351789  7. Certificate of Status Desired	5a. Capital Contributions as Shown on record \$75,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable \$8.75 Additional Fee Required
C/O SHUTTS & BOWEN C/O SHUTTS & BOWEN C/O SHUTTS COI SOUTH BISCAYNE BLVD. COI SOUTH MIAMI FL 33131  Mailing Address  Za. Principal of Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  Country  Zip	S & BOWEN BISCAYNE BLVD. 3131 Office Address	08/18/1992 3a. Date of Last Report 12/11/1997 4. State or Country of Formation FL 6. FET Number 65-0351789 7. Certificate of Status Desired	\$75,000.00  \$75,000.00  5b. Amount of Capita! Contributions in FLORIDA to date:  Applied For Not Applicable  \$8.75 Additional
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y & State City & State Country Zip		65-0351789  7. Certificate of Status Desired	Not Applicable  \$8,75 Additional
Country Zip	Country	7. Certificate of Status Desired	r 💃 \$8.75 Additional
	Country	8 Make check payable to Dept of	Fee Required
			State (See reverse side for fee information
9 Name and Address of Current Registered Agent		10. If changed, new Registered	Agent/Office
MAMI FL 33131  3a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statt for the purpose of changing its registered office or registered agent, or both agent. I am familiar with, and accept the obligations of section 620.192, Figure 1. (Registered Agent Accepting Appointment)	City utes, the above-named limited partn h, in the State of Florida Such char orida Statutes	nership organized or registered under the taws of the nge was authorized by its general partner(s) I heret DATE	Zip Code Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code  Zip Code
A GENERAL PARTNER THAT IS A CORP MUST BE REGIS	STERED AND ACTI	D PARTNERSHIP OR OTHI IVE WITH THIS OFFICE.	ER BUSINESS ENTIT
, Name(s) of General Partner(s) 11a. (Do NO)	ress of Each General Partner T Use Post Office Box Numbers)	11b. City, State 8 7ip Code	11c. Registration/ Document Number
PENN COURT TWO, INC. %201 S. BISC. BLV		MIAMI FL 33131	V53476
		Y	
		3/12/20	
lote: General partners MAY NOT be changed	on this form; an am	endment must be filed to ch	ange a general partner

12. I do hereby certify that the information upplied 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 Corporation 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 repoise 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 630. Florida Statutes.

SIGNATURE

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DATE

(EVIT) D C DUX/ADBytime Telephone Number

3/1/99

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