

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 APR -6 AM 10:20

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A33354
NORTHGATE FINANCING PARTNERSHIP, LTD.	



Mailing Address C/O DARYL B. CRAMER, ESQ. 515 N. FLAGLER DR., SUITE 910 WEST PALM BEACH FL 33401	Principal Office Address C/O DARYL B. CRAMER, ESQ. 515 N. FLAGLER DR., SUITE 910 WEST PALM BEACH FL 33401	3. Date Formed or Registered 08/26/1992	5a. Capital Contributions as Shown on record \$592,500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date \$592,500.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0506588
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	Zip	Country
		8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

DARYL B. CRAMER, P.A.
515 N. FLAGLER DR., SUITE 910
WEST PALM BEACH FL 33401

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). 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 _____

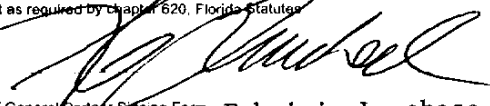
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) NORTHGATE FINANCING, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 515 N. FLAGLER DR. 515 N. Flagler Dr.	11b. City, State & Zip Code WEST PALM BEACH FL	11c. Registration/ Document Number V55931
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7000012834977-01
-04/19/99-01043-006
*****535.00 *****535.00

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 620, Florida Statutes.

SIGNATURE  DATE **3/22/99**
Typed or Printed Name of General Partner Signing Form **Fabrizio Lucchese, Secretary** Daytime Telephone Number **905/882-1212**

CR2E003 (12/98)