

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 22 AM 8: 29

1. Name of Limited Partnership

1a. DOCUMENT #
A33498

726 JEFFERSON LIMITED PARTNERSHIP



9118

Mailing Address

300 Alton Rd. Suite 303
~~1450 MERIDIAN AVE. SUITE 9~~
MIAMI BEACH FL 33139

Principal Office Address

1450 MERIDIAN AVE., SUITE 9
MIAMI BEACH FL 33139

3. Date Formed or Registered

10/01/1992

5a. Capital Contributions as Shown on record.

\$240,000.00

3a. Date of Last Report

12/15/1997

5b. Amount of Capital Contributions in FLORIDA to date.

4. State or Country of Formation

IL

2. Mailing Address

300 Alton Rd
Suite, Apt. #, etc.
303

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

MIAMI Beach, FL.
Zip 33139 Country USA

City & State

Zip Country

6. FEI Number

36-3845144

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 fee information)

9. Name and Address of Current Registered Agent

KEARNS, JOHN W
431 GERONA AVENUE
MIAMI BEACH FL 33146

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)

CHRISTOPH, ROBERT W.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

300 ALTON ROAD

11b. City, State & Zip Code

MIAMI BEACH FL 33139

11c. Registration/ Document Number

800002738808--3
-01/13/93--01003--0015
****526.25 ****526.25

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 820, Florida Statutes.

SIGNATURE

Robert W. Christoph

DATE

12/10/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)