

**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
09 JAN 11 PM 8 34
TALLAHASSEE
FLORIDA



1. Name of Limited Partnership MT. DORA MARKETPLACE, LTD.		1a. DOCUMENT # A33544	
Mailing Address P.O. BOX 273760 BOCA RATON FL 33427 US	Principal Office Address 6353 WEST ROGERS CIRCLE SUITE #1 BOCA RATON FL 33487 US	2. Mailing Address Suite, Apt #, etc. City & State Zip	2a. Principal Office Address Suite, Apt #, etc. City & State Zip

3. Date Formed or Registered 10/06/1992	5a. Capital Contributions as Shown on Record \$900,000.00
3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FL OR FLA to date <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
4. State or Country of Formation FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. FLI Number 65-0368163	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent
**HANAMOVITCH, HARRY N
6353 WEST ROGERS CIRCLE
SUITE #1
BOCA RATON FL 33487**

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt #, etc.
City
FL Zip Code
Handwritten signature

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, I 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) MT. DORA MARKETPLACE INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6353 WEST ROGERS CIRC	11b. City, State & Zip Code BOCA RATON FL	11c. Registration Document Number V64495
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Notp: 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)(a), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(c) 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 _____
Typed or Printed Name of General Partner Signing Form: **Buy Mt. Dora Marketplace, Inc. signed register form 12/31/98
Buy Harry Hanamovitch, Pres 754 2253**

CRCE003 (9/98)