

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 98 DEC 28 PM 3:21

*umh*  
1/12

1. Name of Limited Partnership  <b>PARK SQUARE, LTD.</b>	1a. DOCUMENT # <b>A33555</b>
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Mailing Address  4869 S.W. 75TH AVENUE MIAMI FL 33155	Principal Office Address  4869 S.W. 75TH AVENUE MIAMI FL 33155	3. Date Formed or Registered <b>10/08/1992</b>	5a. Capital Contributions as Shown on record.  <b>\$410,000.00</b>
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report <b>12/22/1997</b>	
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation  <b>FL</b>	
		5b. Amount of Capital Contributions in FLORIDA to date:  <b>\$ 0</b>	
		6. FEI Number <b>65-0377693</b>	
		7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent  <b>SCOTT PARKER</b> 4869 S.W. 75TH AVENUE MIAMI FL 33155	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <span style="float: right;"><b>FL</b> Zip Code</span>
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**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
1125 CORPORATION	4869 S.W. 75 AVENUE	MIAMI FL 33155	V66055

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 \*\*\*\*156.25 \*\*\*\*156.25

**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 *Scott Parker* DATE 12-20-98  
 Typed or Printed Name of General Partner Signing Form Scott Parker Daytime Telephone Number 305-264-6805

CR2E003 (8/98)