

**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
1. Name of Limited Partnership J & B MELBOURNE, LTD.	1a. DOCUMENT # A92000000135	

FILED

98 NOV 19 PM 2:30

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



Mailing Address 6650 SHEFFIELD LANE, LAGORCE ISLAND MIAMI BEACH FL 33141	Principal Office Address 6650 SHEFFIELD LANE, LAGORCE ISLAND MIAMI BEACH FL 33141	3. Date Formed or Registered 12/10/1992	5a. Capital Contributions as Shown on record. \$1,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/27/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0376841
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country		

9. Name and Address of Current Registered Agent TURKEN, ROBERT W 108 FOURTH TERRACE DALEDO ISLAND MIAMI BEACH FL 33141	10. If changed, new Registered Agent/Office Name 141 2S	
	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

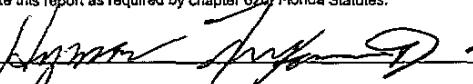
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
TURKEN, HYMAN TURKEN, PAULA	6650 SHEFFIELD LANE, 6650 SHEFFIELD LANE,	MIAMI BEACH FL 33141 MIAMI BEACH FL 33141	500002632155--6 -11/13/98--01100--002 ****141.25 ****141.25

CR2E003 (8/98)

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 **10-26-98**