## HILE CALL BEFL EDECEN ER 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

**DOCUMENT#** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT 15 AM 9: 02

	A9300000	A9300000330							
SUWANEE PROPERTY INVESTMENTS, LTD.									
Mailing Address 2665 SOUTH BAYSHORE DR., SUITE 202	Principal Office Address 2665 SOUTH BAYSHORE DR. 5	Principal Office Address  2665 SOUTH BAYSHORE DR., SUITE 202  MIAMI FL 33133			5a. Capital Contributions as Shown on record.				
MIAM! FL 33133					5b. Amount of Capital Contributions in FLORIDA				
2. Mailing Address	2a. Principal Office Address	-			to da	te: 40 <b>00.0</b> 0			
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.			-	Applied For Not Applicable			
Zip Country	Zip	· · · ·		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				10. If changed, new Registered Agent/Office					
SUWANEE INVESTMENTS, INC. 2665 SOUTH BAYSHORE DR., SUITE 202		Name Street Address (P.O. Box Number Is Not Acceptable)							
MIAMI FL 33133		Suite, Apt. #, etc.							
	City			FL Zip Code )					
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)	r registered agent, or both, in the State of Flo								
A GENERAL PARTNER THAT	TIS A CORPORATION, ST BE REGISTERED A	LIMITED	PART	NERSHIP OR OTHE	R BUSI	NESS ENTITY			
11. Name(s) of General Partner(s)	11a. Address of Each Gene		11b.	City, State & Zip Code	11c.	Registration/ Document Number			
SUWANEE INVESTMENTS, INC.		2665 SOUTH BAYSHORE D		MIAMI FL 33133		P93000021161 68399——6			
				9000026 -10/20/9 ****14	683 8011 1.25	996 173020 ****141.25			

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 releas	e the Divis	sion 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	informatio	n indicated on
	this annual report is true and accurate and thet 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 part	tership, re	ceiver or trustee
	empowered to execute this report as required by chapter 620, Flunda Statutes.		_
		,	/

SIGN	Αī	UR	Ε.	