

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

1a. DOCUMENT #
A93000000379

CFI ROYAL PLAZA, LTD.

FILED
99 JAN -6 PM 2:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address 5601 WINDHOVER DR ORLANDO FL 32819	Principal Office Address 5601 WINDHOVER DR ORLANDO FL 32819	3. Date Formed or Registered 04/16/1993	5a. Capital Contributions as Shown on record. \$22,763,159.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 01/13/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$33,764,068
City & State Zip	City & State Zip	4. State or Country of Formation FL	6. FEI Number 59-3175653 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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)			

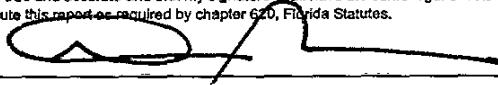
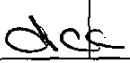
9. Name and Address of Current Registered Agent MARDER, MICHAEL 100 WEST CYPRESS CREEK RD., STE. 700 FT. LAUDERDALE FL 33309	10. If changed, new Registered Agent/Office Name 526.25	
	Street Address (P.O. Box Number Is Not Acceptable)	
	Suite, Apt. #, etc.	
	City FL	Zip Code

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) CFI PLAZA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 100 WEST CYPRESS	11b. City, State & Zip Code FT. LAUDERDALE FL 333	11c. Registration/ Document Number P93000027853✓
 200002731962--1 -01/06/98--01056--006 ***2276.25 ***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 620, Florida Statutes.

SIGNATURE

DATE 12/15/98