## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra L'. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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ST REAL ESTATE PARTNERS, LTD.				T TORRIGHT SOLO SOLOT HALL BONN BONN BONN BONN BONN BONN BONN BO		
Mailing Address 51 COMPASS LANE FT. LAUDERDALE FL 33308	Principal Office Address 51 COMPASS LANE FT. LAUDERDALE FL 33308			3. Date Formed or Registered 07/19/1993 3a. Date of Last Report 12/19/1996	59. Opposite Carried	
2. Mailing Address	28. Principal Office Address	3		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date: \$105,335	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State			65-0423628	Applied For Not Applicable	
Zip Country	Zip	Country		7. Certificate of Status Desired  8. Make check payable to: Dept. o	\$8.75 Additional Fee Required  If State (See reverse side for fee Information)	
9. Name and Address of C	urrent Registered Agent			10. If changed, new Register	ed Agent/Office	
agent, I am familiar with, and accept the oblications of the second seco	fice or registered agont, or both, in the State o gations of section 620.192, Florida Statules.	Suite, Apt. City  named limited partr f Florida. Such cha	#, etc.  mership organizinge was autho	prized by its general partner(s). The DATE	reby accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Ge (Do NOT Use Post Offic	nord Devicer	11b.	City, State & Zip Code	11c. Registration/ Document Number	
FAST MANAGEMENT, INC.	51 COMPASS LANE		FT. U	AUDERDALE FL 333 40002 -04/13 ****5	P93000049975 4172547 798-01146-003 41.25 ****541.25	
Note: General partners MAY I	NOT be changed on this fo	orm; an am	endmen	t must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliant this annual report is true and accurate and that empowered to execute this report as required to SIGNATURE	with this filing is voluntarily furnished and doe co with Section 119.07(3)(k) in the event that it my signature shall have the same legal effect by hapter 620. Florida Statutes	es not qualify for the ne information supp is as if made under	e exemption st plied is deeme r oath. I further	ated in Section 119.07(3)(k), Florid d exempt from public access. I furl certify that I am a General Partner	a Statutes. I release the Division of the certify that the information indicated on of the limited partnership, receiver or trustee	
Typed or Printed Name of General Partner Signing For	m JHCOB FAST			Daytime Telephone Number	154-776-6474	