

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership	1a. DOCUMENT # A93000000864	
CEE BRAID-SIGNAL FLORIDA MANAGEMENT, LTD.		
Mailing Address 250 AUSTRALIAN AVE., SO., 10TH FL. #1003 WEST PALM BEACH FL 33401	Principal Office Address 250 AUSTRALIAN AVE., SO., 10TH FL. #1003 WEST PALM BEACH FL 33401	
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	
City & State Zip	City & State Zip Country	

FILED
99 FEB 26 AM 10: 20

SECRETARY OF STATE
TAX STAMP

Barcode

3. Date Formed or Registered 08/23/1993	5a. Capital Contributions as Shown on record \$20,000.00
3a. Date of Last Report 12/11/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	6. FEI Number 11-3180696
6. FEI Number <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 SCHLESINGER, RICHARD 801 SOUTH COUNTY ROAD PALM BEACH FL 33480	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL Zip Code
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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) THE PRINCE REALTY TRUST NO.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 AUSTRALIAN AVENUE	11b. City, State & Zip Code WEST PALM BEACH FL 33	11c. Registration/ Document Number G93235900033
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CR2003 (12/98)

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****228.75 ****228.75
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33.99

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.

Prince / TRUST II, G.P.
SIGNATURE by *X*

DATE

Typed or Printed Name of General Partner Signing Form *Jason Schlesinger*

Daytime Telephone Number

0003698