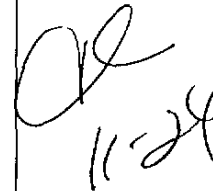
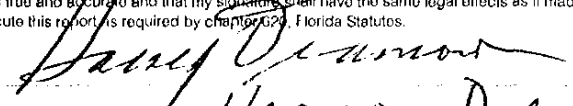


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 NOV 21 PM 1:47	
1. Name of Limited Partnership DIAMOND PARTNERSHIP, LTD.		1a. DOCUMENT # A93000000885			
Mailing Address 16414 NE 33RD AVE. N. MIAMI BEACH FL 33160		Principal Office Address 4132 S.W. BIMINI CIRCLE N. PALM CITY FL 34990		3. Date Formed or Registered 08/30/1993 3a. Date of Last Report 10/14/1996 4. State or Country of Formation FL	
2. Mailing Address 4132 S.W. BIMINI CIRCLE N Suite, Apt. #, etc. City & State PALM CITY FL Zip 34990 Country USA		2a. Principal Office Address 4132 S.W. BIMINI CIRCLE N Suite, Apt. #, etc. City & State PALM CITY FL Zip 34990 Country USA		5a. Capital Contributions as Shown on record. \$1,020,000.00 5b. Amount of Capital Contributions in FLORIDA to date 1,020,000 6. FEI Number 65-0433167 ☐ Applied For ☒ Not Applicable 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 DIAMOND, HAROLD M 4132 S.W. BIMINI CIRCLE NORTH PALM CITY FL 34990				10. If changed, new Registered Agent/Office Name 500002358439-5 -11/26/97-01110-021 Street Address (P.O. Box Number is Not Acceptable) ****541.25 ****541.25 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) DIAMOND, HAROLD M		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4132 S.W. BIMINI DRIV		11b. City, State & Zip Code PALM CITY FL 34990	
11c. Registration/Document Number  11-24					
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 629, Florida Statutes.					
SIGNATURE  Typed or Printed Name of General Partner Signing Form HAROLD DIAMOND				DATE 11/15/97 Daytime Telephone Number 861-219-0584	

CR2E003 (6/97)