

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT -3 AM 11:29

1. Name of Limited Partnership	1a. DOCUMENT # A93000001219
PARK PLACE LAND, LTD.	



Mailing Address 2121 PONCE DE LEON BLVD., PENTHOUSE SUITE CORAL GABLES FL 33134		Principal Office Address 2121 PONCE DE LEON BLVD., PENTHOUSE SUITE CORAL GABLES FL 33134		3. Date Formed or Registered 11/23/1993	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address 3225 AVIATION AVE Suite, Apt. #, etc. 700 Coconut Grove FL 33133 USA		2a. Principal Office Address 3225 AVIATION Suite, Apt. #, etc. 700 Coconut Grove FL 33133 USA		3a. Date of Last Report 03/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:
				4. State or Country of Formation FL	6. FEI Number 65-0449723
				7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				8. Make check payable to: Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent BOGGIO, LLOYD CLINTON INTERNATIONAL GROUP 2121 PONCE DE LEON BLVD. PH-2 CORAL GABLES FL 33134	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
PARK PLACE LAND, INC.	2121 PONCE DE LEON BL	CORAL GABLES FL 33134	P93000079750
600002313766--8 -10/07/97--01040--002 ****156.25 ****156.25			

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 or 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 680, Florida Statutes.

SIGNATURE

DATE **9-20-97**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

(305) 860-8188

CR2E003 (6/97)