

LECT TO REVOCATION AND \$500 PENALTY FEE

ED PARTNERSHIP  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JUN 15 PM 3: 56



PARK PLACE LAND, LTD.

1. Mailing Address 3225 AVIATION AVE., #700 COCONUT GROVE FL 33133		Principal Office Address 3225 AVIATION AVE., #700 COCONUT GROVE FL 33133		3. Date Formed or Registered 11/23/1993	5a. Capital Contributions as Shown on record \$100.00
2. Mailing Address Suite, Apt. #, etc. City & State Co Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 10/03/1997	5b. Amount of Capital Contributions in FL RDA to date:
				4. State or Country of Formation FL	
				6. FEI Number 65-0449723	<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 BOGGIO, LLOYD CLINTON INTERNATIONAL GROUP 2121 PONCE DE LEON BLVD. PH-2 CORAL GABLES FL 33134	10. If changed, new Registered Agent/Office Name <u>Stewart Marcus</u> Street Address (P.O. Box Number is Not Acceptable) <u>3225 Aviation Avenue, #700</u> Suite, Apt. #, etc. <u>#700</u> City <u>Coconut Grove</u> FL Zip Code <u>33133</u>
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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

5/17/99

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) PARK PLACE LAND, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2121 PONCE DE LEON BL	11b. City, State & Zip Code CORAL GABLES FL 33134	11c. Registration/Document Number P93000079750
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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 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

12-14-98

Typed or Printed Name of General Partner Signing Form

Stewart Marcus

Daytime Telephone Number

(305) 560-8188