## 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

1. Name of Limited Partnership

1a. DOCUMENT # **A9400000302** 

550

SECRETARY OF STATE

97 DEC 31 AM 11:03

1k 1/14



antana associates, li	D.				
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered  03/08/1994  3a. Date of Last Report  01/21/1997  4. State or Country of Formation  FL  -01/16/9801083006	
2121 PONCE DE LEON BLVD. BUITE 650	2121 PONCE DE LEON BLVD. SUITE 650				
CORAL GABLES FL 33134 CORAL GABLES FL 33134					
2. Malling Address	2a. Principal Office Address	28. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number ****715.00 *****357.50	
City & State	City & State	City & State		Not Applicable  \$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information of the inf	
9, Name and Address of C	Current Registered Agent		10. If changed, new Registere	d Agent/Office	
WOLFE, LEON J 38TH FLOOR 100 S.E. 2ND STREET MIAMI FL 33131		Name			
		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.			
		City FL Zip Code			ode
SIGNATURE (Registered Agent Accepting Appointm  A GENERAL PARTNER TH		LIMITED PAR	RTNERSHIP OR OTHE	R BUSINESS	SENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gener	ral Partner	······································		gistration/ nent Number
CORNERSTONE LANTANA, LTD. 2121 PONCE DE LEON		CORAL GABLES FL 33134		A9400000301	
4		İ			
,					
Note: General partners MAY	NOT be changed on this for	m; an amendn	nent must be filed to ch	ange a genera	ıl partner.
this annual report is true and accurate and the empowered to execute this report as required	ick with Seltion 119.07(3)/k) in the event that the interest signature shall have the same legal effects a transper 620, Figrica Statutes.	information supplied is d	eemed exempt from public access. I furIt urther certify that I am a General Partner c	er certify that the inform If the limited partnership	ation indicated on , receiver or trustee
SIGNATURE	man miers	7	DAYE	12-29	-57
Typed or Printed Name of General Partner Signing Fo	m Stuart P	terjus		CJ -447 2	108