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

21 21 25

<u> </u>		——— ∩ 7 ∩∩ 1 → '4 \ [በ 2. 00
1. Name of Limited Partnership	1a. DOCUMENT # A9400000373		
MDN LANTANA, LTD.			
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
660 LINTON BLVD. STE. 200	6893 SW 18TH ST #F106 BOCA RATON FL 33433	03/23/1994 3a. Date of Last Report	\$1,534,500.00
DELRAY BEACH FL 33444		12/30/1996	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	to date
Suite, Apt. #, etc.	Suile, Api. #, etc.	6. FEI Number 65-0476770	Applied For Not Applicable
Bora Raton, FL	City & State Ration It Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
33433 Country	23433	8. Make check payable to: Dept. of	State (See reverse side for fee informati
9. Name and Address of C	urrent Registered Agent Name	10, If changed, new Registere	d Agent/Office
DANIELS, NAVILIO 660 LINTON BLVD. SUITE 200 DELRAY BEACH FL 33444 CIUD		trence of Box Number is Not Acaptally the Hart 10	FL 3343
for the purpose of changing its registered of agent. I am familiar with, and accept the oblining the second	\ dunul \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ange was authorized by its general partner(s). Ther	eby accept the appointment of registere
M	UST BE REGISTERED AND ACTI	VE WITH THIS OFFICE.	
11. Name(s) of General Partner(s) NAVCO ENTERPRISES, INC.	Address of Each General Partner (Do NOT Use Post Office Box Numbers) C/O 1111 UNCOLN ROAD	11b. City, State & Zip Code MIAMI BEACH FL 33139	11c. Registration/ Document Number
	C/O TITI LINCOLIN ROAD	300002 -10/07 *****4 300002 -10/07	P9400021388 313913 5 79701048003 46.25 ****446.25 313913 5 779701048004 95.00 *****95.00
4		dec	
Note: General partners MAY	NOT be changed on this form; an am	endment must be filed to ch	ange a general partner

this annual report is true and accurate and that my signature shall have the same legal effects as if made under eath. 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.

Typed or Printed Name of General Partrior Signing Form