FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

				-5 AMII: 23
1. Name of Limited Partnership	1a. DOCUMENT # A9400000529			A HARAMANA MARAMANA M
ESTUMKEDA, LTD.			1 (34 (6)) (4) (3 (6)) (4) (4) (4)	II COJIH DOTO DEKITODIH DEKITOHNY KISIK DIY
Malling Address 6300 STIRLING ROAD	Principal Office Address 6300 STIRLING ROAD HOLLYWOOD FL 33024		3. Date Formed or Registered 04/12/1994	5a. Capital Contributions as Shown on record
HOLLYWOOD FL 33024			3a. Date of Last Report	\$500,990.00
			10/06/1997	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.	Suite, Apt. #, etc.		6, FEI Number 65-0487761	Applied For Not Applicable
City & State	City & State	}-	7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip Counti		8. Make check payable to Dept. c	Fee Required I Stale (See reverse side for fee informa
9. Name and Address of Current F	legistered Agent		10. If changed, new Registered	I Agent/Office
DORSKY, ERIC ESQ 4430 SW 64TH AVE. DAVIE FL 33314		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc		
	City			Zip Code
10a. Pursuant to the provisions of sections 620.1051 and				
for the purpose of changing its registered office or regard 1 am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	pistered agent, or both, in the State of Florida Suc of section 620 192; Florida Statutes IS A CORPORATION, LIMI BE REGISTERED AND A	TED PART CTIVE WIT	DATE NERSHIP OR OTH	ER BUSINESS ENTIT
for the purpose of changing its registered office or regard 1 am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	pistered agent, or both, in the State of Florida Suc of section 620 192, Florida Statutes	TED PART CTIVE WIT	DATE NERSHIP OR OTH	: :
for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	pistered agent, or both, in the State of Florida Suc of section 620 192; Florida Statutes IS A CORPORATION, LIMI BE REGISTERED AND A	TED PART CTIVE WIT ors) 11b.	DATE NERSHIP OR OTH H THIS OFFICE. City, State & Zip Code PLLYWOOD FL 33024	ER BUSINESS ENTITED TO THE PROPERTY OF THE PRO
for the purpose of changing its registered office or regagent I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s)	Is A CORPORATION, LIMI BE REGISTERED AND A Address of Each General Partner (Do NOT Use Post Office Box Number	TED PART CTIVE WIT ors) 11b.	DATE NERSHIP OR OTH H THIS OFFICE. City, State & Zip Code PLLYWOOD FL 33024	P94000019591 PECHER Registration/ Document Number P94000019591 PECHER REGISTRATION 6/8901102-020 526,25 ****526,25
for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s) THE NEW MEYERS ARPLANE COMP	Is A CORPORATION, LIMI BE REGISTERED AND A Address of Each General Partner (Do NOT Use Post Office Box Number	TED PART CTIVE WIT ors) 11b.	DATE NERSHIP OR OTH H THIS OFFICE. City, State & Zip Code PLLYWOOD FL 33024 TITICITIES -03/1 ****	P94000019591 PECHER Registration/ Document Number P94000019591 PECHER REGISTRATION 6/8901102-020 526,25 ****526,25

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

DATE