

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 22 AM 8:41

1. Name of Limited Partnership 240 PARTNERS, LTD.		1a. DOCUMENT # A94000000662	
Mailing Address 3519 BAYSHORE VILLAS DRIVE COCONUT GROVE FL 33133	Principal Office Address 3519 BAYSHORE VILLAS DRIVE COCONUT GROVE FL 33133	3. Date Formed or Registered 05/12/1994 3a. Date of Last Report 12/01/1997 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record. \$312,249.00 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 65-0488249 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)	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable



01/4

9. Name and Address of Current Registered Agent LEVITT, MORRIS D 3519 BAYSHORE VILLAS DRIVE COCONUT GROVE FL 33133	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

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) LEVITT, MORRIS D	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3519 BAYSHORE VILLAS	11b. City, State & Zip Code COCONUT GROVE FL 33133	11c. Registration/Document Number 700002735767--5 -01/08/99--01125--005 ****526.25 ****526.25
---	---	---	--

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 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 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.

SIGNATURE

DATE

12/14/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)