

**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 14 AM 10:03

1. Name of Limited Partnership	1a. DOCUMENT # A94000000826
LAND 1 (ONE), LTD.	



Mailing Address C/O JOSE VALLE 3200 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134	Principal Office Address C/O JOSE VALLE 3200 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134	3. Date Formed or Registered 06/20/1994	5a. Capital Contributions as Shown on record. \$250,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/12/1998	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 65-0499179	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	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 VALLE, JOSE 3200 PRINCE DE LEON BLVD., 2ND FLOOR CORAL GABLES FL 33134	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 600002721106--3 City -12/23/98--01065--028 ****262.75 FL ****262.50
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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 _____

**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) VALLE FAMILY PROPERTIES, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3200 PONCE DE LEON BL	11b. City, State & Zip Code CORAL GABLES FL 33134	11c. Registration/ Document Number P94000045966
		600002721106--3 -12/23/98--01065--027 ****263.75 ****263.75	

CR2E003 (9/98)

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 *Jose Valle* DATE 10/29/98
Typed or Printed Name of General Partner Signing Form JOSE VALLE Daytime Telephone Number (305) 447-1196