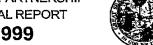
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

SIGNATURE .

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED STATE

1999	Secretary of State DIVISION OF CORPORATIONS			DIVISION OF CORPORATIONS	
1. Name of Limited Partnership	1a. DOCUMENT # A9400000826		98 DEC 11	4 AM 10: 03	
LAND 1 (ONE), LTD.					
Mailing Address C/O JOSE VALLE 3200 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134 2. Mailing Address	Principal Office Address C/O JOSE VALLE 3200 PONCE DE LEON BOULEVARD CORAL GABLES FL 33134 2a. Principal Office Address		3. Date Formed or Registered 06/20/1994 3a. Date of Last Report 01/12/1998 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record. \$250,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 65-0499179	Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required late (See reverse side for fee information)	
VALLE, JOSE 3200 PRINCE DE LEON BLVD., 2ND FLOOR CORAL GABLES FL 33134 S 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limfor the purpose of changing its registered office or registered agent, or both, in the State of Florida. Sagent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)		Sulte, Apt. #, etc. City limited partnership. Such change was	et Address (P.O. Box Number Is Not Acceptable) e, Apt. #, etc.		
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	Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3200 PONCE DE LEON BL		bcity, State & Zip Code	P94000045966 P21106—3 -8 -9 -0 1065 027 - 3 -7 5 ****263.75	
Note: General partners MAY NOT B	e changed on this form;	an amend	ment must be filed to cha	nge a general partner.	
12. I do hereby certify that the information supplied with this to Corporations from any liability of non-compliance with Sethis annual report is true and accurate and that my signate empowered to execute this report as required by chapter.	ction 119.07(3)(k) in the event that the infon ure shall have the same legal effects as if n	mation supplied is o	deemed exempt from public access. I further o	ertify that the information indicated on	