


**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
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FILED
 98 NOV 20 PM 4: 30
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1. Name of Limited Partnership CONCORD PLAZA ASSOCIATES, LTD.	1a. DOCUMENT # A94000000873
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Mailing Address 1065 N.E. 125TH STREET SUITE 102 N.MIAMI FL 33161	Principal Office Address 1065 N.E. 125TH STREET SUITE 102 N.MIAMI FL 33161	3. Date Formed or Registered 06/27/1994	5a. Capital Contributions as Shown on record. \$515,000.00
		3a. Date of Last Report 10/27/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 65-0502012	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		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 FRIEDMAN, MICHAEL D 1401 BRICKELL AVE., #530 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) SEGAL, ROBERTA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1065 NE 125TH ST.	11b. City, State & Zip Code NORTH MIAMI FL 33131	11c. Registration/Document Number 200002708982--8 -12/10/98--01063--022 *****88.75, *****88.75
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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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

ROBERTA SEGAL

10/13/98
 (305) 899-1065

CR2E003 (8/98)