


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
1. Name of Limited Partnership FORT SUMMIT DEVELOPMENTS LTD.		1a. DOCUMENT # A94000000927	
Mailing Address 7525 N.W. 8 STREET, #201 MIAMI FL 33126		Principal Office Address 7525 N.W. 8 STREET, #201 MIAMI FL 33126	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED
99 APR -7 AM 11:25



3. Date Formed or Registered 07/11/1994	5a. Capital Contributions as Shown on record \$1,300,000.00
3a. Date of Last Report 02/25/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 65-0565615	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" 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 LAGE, GONZALO M 7525 N.W. 8 STREET SUITE 201 MIAMI FL 33126	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 000002837430--4 Suite, Apt. #, etc. -04/13/99 -01017--004 City ****535.00 ****535.00 FL
---	---

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) CHALBAUD, LUIS RAMON	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 520 BRICKELL AVENUE,	11b. City, State & Zip Code MIAMI FL 33131 116-9-99	11c. Registration/Document Number
--	--	---	-----------------------------------

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

CR2E003 (12/98)