## 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

1999	Secretary of State DIVISION OF CORPORATIO		NS	99 JAN 14 AM 7: 49		
1. Name of Limited Partnership	1a. DOCUMENT # <b>A9400001232</b>					
PALM BEACH PARTNERS, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record	
500 AUSTRALIAN AVENUE. SUITE 110 WEST PALM BEACH FL 33401	500 AUSTRALIAN AVENUE, SUITE 110 WEST PALM BEACH FL 33401			09/08/1994 3 a. Date of Last Report 03/09/1998	\$950.00  5b. Amount of Capital Contributions in FLORIGIA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to dale	
Suite, Apt. #, etc.	Suite, Apt #, etc.			6. FEENumber 65-0520850	Applied For	
City & State	City & State			7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Z <sub>1</sub> p	Country		8. Make check payable to Dept. of	Fee Required	
9. Name and Address of Current Registered Agent			10. If changed new Registered Agent Office			
DUDE, HARALD 500 AUSTRALIAN AVENUE, SUITE 110 WEST PALM BEACH FL 33401		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, et  City   Zip Code				
10a. Pursuant to the provisions of sections 620 1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of a	tered agent, or both, in the State of Fid					
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PA				RTNERSHIP OR OTHER BUSINESS ENTITY		
	BE REGISTERED A	ND ACTIV				
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	era' Partner Box Numbers)	11b.	City State & Zip Code	11c. Registration/ Document Number	
GREENWICH INVESTMENTS HOLDIN	500 AUSTRALIAN AVENUE		WE	ST PALM BEACH FL 33	P95000034690	
				(12709	ጉጉበኤ.ጠ6፡ 4 /4401120007 50,00 ****150.80	

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)(F). Florid a Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(F) in the event that the information supplied is decreed everyl from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shot have the have 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 600 Fidude Statutes.

SIGNATURE . ...

TARAILO Dulle, MANON traytome Telephone Number 56/ 333 4433