


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 JAN -2 PM 1:06 <i>de clac</i>	
1. Name of Limited Partnership TREASURE COVE OF DANIA, LTD.			1a. DOCUMENT # A94000001275			
Mailing Address 888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316		Principal Office Address 888 SOUTHEAST THIRD AVENUE, SUITE 501 FORT LAUDERDALE FL 33316		3. Date Formed or Registered 09/20/1994	5a. Capital Contributions as Shown on record. \$90.00	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/17/1996	5b. Amount of Capital Contributions in FL OR DA to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		6. FEI Number 65-0522860	<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/>	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BERGER, SHAPIRO & DAVIS, P.A. 100 NORTHEAST THIRD AVENUE, SUITE 400 FORT LAUDERDALE FL 33301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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) AMERICAN MARKETING & MANAGEM	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 888 SOUTHEAST THIRD A	11b. City, State & Zip Code FORT LAUDERDALE FL 33	11c. Registration/Document Number 373822
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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-liability 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 _____