## 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

1. Name of Limited Partnership

**DOCUMENT#** A94000001616

FILED 98 DEC 18 PM 4: 30 SECRETARY OF STATE TALLAHASSEE, FLORIDA

FAT DEER KEY, LIMITED						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
9627 S. DIXIE HIGHWAY	9627 S. DIXIE HIGHWAY		11/28/1994	\$2,929,725.00		
MIAMI FL 33156	MIAMI FL 33156		3a. Date of Last Report			
			02/16/1998	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:		
	Pindpa Onice Address		FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For		
City & State	City & State		65-0556074	Not Applicable		
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required		
	2.p Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent 10. If ch			10. If changed, new Registered	Agent/Office		
		Name				
MULLER, CHARLES E II		Street Address (P.O. Box Number is Not Acceptable)				
9100 S. DADELAND BLVD.,SUITE 1707 MIAMI FL 33156-7819	· · · · · · · · · · · · · · · · · · ·		Apt. #, etc. 2000027262524			
		City	-12/30/9801050028 ****535. <b>[1]</b>			
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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)	11a. Address of Each General P		City, State & Zip Code	11c. Registration/ Document Number		
FAT DEER KEY MANAGEMENT CORP	9627 S. DIXIE HIGHWAY	MIA	MI FL 33156	P94000074021		
FAT DEER KEY MANAGEMENT CORP	9627 S. DIXIE HIGHWAY	MIA	MI FL 33156	P94000074027		
FAT DEER KEY MANAGEMENT CORP	9627 S. DIXIE HIGHWAY		MI FL 33156	P94000074029		
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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 filling 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	Marin C	Del	
Typed or Printed Name of Ger			