

**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
NOV 10 1998
DEPT. OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership CONDOMANIA LTD.	1a. DOCUMENT # A95000000016
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Mailing Address 263 GOOLSBY BLVD. DEERFIELD BEACH FL 33442	Principal Office Address 263 GOOLSBY BLVD. DEERFIELD BEACH FL 33442
2. Mailing Address Suite, Apt #, etc City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc City & State Zip Country

3. Date Formed or Registered 01/01/1995	5a. Capital Contributions as Shown on record \$35,000.00
3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FL CIRCULAR to date <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
4. State or Country of Formation FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. FID Number 65-0617035	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent GLOVER, CHARLES 263 GOOLSBY BLVD. DEERFIELD BEACH FL 33442	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) SOUTHERN INVESTORS MANAGEMEN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1676 W. HILLSBORO BLV	11b. City, State & Zip Code DEERFIELD BEACH FL 33	11c. Registration Document Number P94000084615
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FIDUCIARY REGISTRATION
 02/02/99-01063-001
 ***333.75 ***333.75

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)(b), 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 609, Florida Statutes.

SIGNATURE _____ Typed or Printed Name of General Partner Signing Form: Jack Gerzino Director	DATE: 12/28/98 Daytime Telephone Number: (954) 428-1915
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CR2E003 (8/98)