## 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

	A9500000	0229		11/25	
ACLE FAMILY INVESTMENT	COMPANY, LTD.				
Mailing Address	Principal Office Address	· · ·	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
701 N.W. 57TH AVENUE SUITE 150	701 N.W. 57TH AVENUE SUITE 150			\$500,000.00	
MIAMI FL 33126	MIAMI FL 33126		04/27/1998	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	-	4. State or Country of Formation	to date: 199, 591, 7x	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number Applied For 65-0634132 Not Applied be		
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
9. Name and Address of Cu	urrent Registered Agent		10. If changed, new Registere	d Agent/Office	
ACLE, EDUARDO E M.D. 701 N.W. 57TH AVENUE SUITE 150 MIAMI FL 33126		Street Addr	Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City Zip Code		
for the purpose of changing its registered office agent. I am familiar with, and accept the oblig	e or registered agent, or both, in the State of F ations of section 620.192, Florida Statutes.	amed limited partni Torida. Such chang	ership organized or registered under the laws of th ge was authorized by its general partner(s). I heret DATE	sy accept the appointment of registered	
A GENERAL PARTNER TH	AT IS A CORPORATION UST BE REGISTERED A	, LIMITED	PARTNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each Ger	neral Partner Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
ACLE FAMILY HOLDINGS, INC.	6485 S.W. 106TH STR	EE	MIAMI FL 33156	P95000013167	
			6000027 12/03/ *****5		
* *					
Note: General partners MAY N	IOT be changed on this fo	rm; an am	endment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied Corporations from any liability of non-compliance	a with Section 119.07(3)(k) in the event that the	e information supp	exemption stated in Section 119.07(3)(k), Florida i	r cereity that the information indicated on	

12.	I do hereby certify that the information supplied with this filing is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Di	vision of
	Comprations 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	tion indicated on
	this annual report is true and accurate and that my signature shall have the same legal effects as i made under eath. 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.	,

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 305-26/-