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

FILED 98 DEC 15 PH 2:1.6

1. Name of Limited Partnership		1a. DOCUMENT # A9500000730			SECRETARY OF STATE TALLAHASSEE, FLORIDA			
EPNG BUILDING, LTD.								
Mailing Address P.O. BOX 5010 BOCA RATON FL 33431-0810	Principal Office Address 2295 CORPORATE BOULEVARD BOCA RATON FL 33431-0810	2295 CORPORATE BOULEVARD			5a. Capital Contributions as Shown on record.			
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.				5b. Amount of Capital Contributions in FLORIDA to date: Applied For			
City & State	City & State	City & State				Not Applicable		
Zip Country	Zip	Zip Country		Certificate of Status Desired B. Make check payable to: Dept. of S	\$8.75 Additional Fee Required			
								
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office				
THE HERRICK COMPANY, INC. 2295 CORPORATE BOULEVARD BOCA RATON FL 33431-0810			Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
		City			FL	Zip Code		
agent. I am familiar with, and accept the obliga	e or registered agent, or both, in the State of Flor tilons of section 620.192, Florida Statutes.			orized by its general partner(s). I hereby				
A GENERAL PARTNER THA		LIMITED	PART	NERSHIP OR OTHER	R BUS	INESS ENTITY		
11. Name(s) of General Partner(s)	44a Address of Each Gener	al Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
G-P RB BUILDING, INC.		2295 CORPORATE BOULEV		BOCA RATON FL 33431-0		P95000036464		
				5000027210857 -12/23/3801068018 ****150.00 *****150.00				
			ı	AL	DEC	2.1.1998		
Note: General partners MAY NO								
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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 1

Typed or Printed Name of General Partner Signing Form

Hemck fres C-C PB BIJ, Inc Daytime Telephone Number