

**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

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 21 AM 8:56

1. Name of Limited Partnership		1a. DOCUMENT # A95000000745	
PINELANDS AIRPORT CENTER, LTD.		<i>qa-AR cm</i>	
Mailing Address	Principal Office Address		
5414 NW 72ND AVE MIAMI FL 33166	5414 NW 72ND AVE MIAMI FL 33166		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip Country	Zip Country		



3. Date Formed or Registered	5a. Capital Contributions as Shown on record
05/12/1995	\$173,745.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL (FLA to date)
12/12/1997	
4. State or Country of Formation	
FL	
6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
65-0588289	
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee (Required)
8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
FELLMAN, SETH H 5414 NW 72ND AVE MIAMI FL 33166	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
P.A.C. DEVELOPMENT CORPORATI	THREE GROVE ISLE DRIV	MIAMI FL 33133	P95000032093
100002764061 -- 3 -02/03/99--01087--011 ****526.25 ****526.25			

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 on 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-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 included on this annual report is true and accurate and my signature shall have the same legal effect 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 *1/14/99*
Typed or Printed Name of General Partner Signing Form: *SETH FELLMAN* Daytime Telephone Number: *305-884-5366*

CR2E003 (8/98)