


FILE OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership FLORIDA TROPIC, LTD.		1a. DOCUMENT # A95000000767 <i>98-AR CM</i>	
Mailing Address P.O. BOX 812605 BOCA RATON FL 33481-2605		Principal Office Address C/O ROBERT A. EISEN, ESQ. 433 PLAZA REAL, SUITE 275 BOCA RATON FL 33432	
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 05/15/1995		5a. Capital Contributions as Shown on record. \$10,000.00	
3a. Date of Last Report 02/24/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$10,000.00	
4. State or Country of Formation FL		6. FEI Number 65-0592487 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
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 EISEN, ROBERT A 433 PLAZA REAL, SUITE 275 BOCA RATON FL 33432		10. If changed, new Registered Agent/Office Name Henry A. Fricke, Esq. Street Address (P.O. Box Number Is Not Acceptable) 2500 Military Trail Suite, Apt. #, etc. Suite 200 City Boca Raton FL Zip Code 33431	
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) <i>Henry A. Fricke</i> DATE <i>12/19/97</i>			
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) TROPIC LAND MANAGEMENT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 433 PLAZA REAL, SUITE	11b. City, State & Zip Code BOCA RATON FL 33432	11c. Registration/ Document Number P95000038429
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)(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 <i>L. K. Mount</i> DATE October 15, 1997 Typed or Printed Name of General Partner Signing Form L. K. MOUNT Daytime Telephone Number (561) 997-6666			

CR2E003 (6/97)