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 CO	DAFORATIONS	OR NOV	18 PM 2: 04		
1. Name of Limited Partnership	1a. DOCUMENT # A9500000966		50 NO.	4×11/50		
AMATURO GROUP INVESTMENTS, LTD.						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
3101 NORTH FEDERAL HIGHWAY SUITE 601	3101 NORTH FEDERAL HIGHWAY SUITE 601		06/27/1995 3a. Date of Last Report	\$250,000.00		
FT. LAUDERDALE FL 33306	FT. LAUDERDALE FL 33306		12/17/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable		
City & State		City & State		\$8.75 Additional Fee Required		
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)		
9. Name and Address of Current R	tegistered Agent		10. If changed, new Registered	d Agent/Office		
CAMERON, CARA EBERT 3101 NORTH FEDERAL HIGHWAY SUITE 601 FT. LAUDERDALE FL 33306		Name Amaturo, Joseph C. Street Address (P.O. Box Number is Not Acceptable) 3101 N. Federal Highway Suite, Apt. #, etc. Suite 601 City Ft. Lauderdale FL 33306				
10a. Pursuant to the provisions of sections 620,1051 and						
A GENERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED ANI	IMITED PAR	RTNERSHIP OR OTHE			
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo:			11c. Registration/		
AMATURO, JOSEPH C	3101 NO. FEDERAL HWY	}	T. LAUDERDALE FL 333	353123 88		
 			200002E -11/24/7 *****53			
•	he changed as this f-	an amanda	sout must be filed to the			
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)(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						

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	S	GN	ATI	JRE
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Daytime Telephone Number