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

DOCUMENT# A95000000975

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 24 PM 3: 04

PHILANN 'E NTERPRISES, LTD.				
Malling Address 5820 MIAMI LAKES DRIVE MIAMI LAKES FL 33014	Principal Office Address 5820 MIAMI LAKES DRIVE MIAMI LAKES FL 33014		3. Date Formed or Registered 06/27/1995 38. Date of Last Report 12/15/1997	5a. Capital Contributions as Shown on record. \$341,250.00 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.	Sulte, Apt. #, etc.		6. FEI Number 65-0587365	Applied For Not Applicable
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Regulred
- County		Country	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	
COHEN, LEWIS R 1399 S.W. FIRST AVE. 4TH FLOOR MIAMI FL 33130		Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City Zip Code		
for the purpose of changing its registered office or reagent. It am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	of section 620.192, Florida Statutes.	LIMITED	DATE	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Bardana	11b. City, State & Zip Code	11c. Registration/ Document Number
PHILANN INVESTMENT CORPORATI 5820 MIAMI LAKES DRIV			MIAMI LAKES FL 33014	P 95 000031018
ſ			-09/287 ****56	\$ 505 595 9801116015 ?6.25 ****526.25
Note: General partners MAY NOT	be changed on this form	n; an ame	endment must be filed to ch	ange a general partner.
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my significant in the supplier of the corporation of th	als filing is voluntarily furnished and does no Section 119.07(3)(k) in the event that the in	l qualify for the of	exemption stated in Section 119.07(3)(k), Florida 8	Statutes. I release the Division of recrify that the information Indicated on

WILLIAM D. COHEN

empowered to execute this report as required by chapter \$10. Florida Statutes.

SIGNATURE __

dime Telephone Number (305) 556-4601