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

LIMITED PARTNERSHIP ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 DEC 15 PM 1:26

1. Name of Limited Partnership

18TH STREET LIMITED PARTNERSHIP

1a. DOCUMENT #
A95000001203

12/16

Mailing Address	Principal Office Address
2700 W. CYPRESS CREEK ROAD STE D-104 FORT LAUDERDALE FL 33309	2700 W. CYPRESS CREEK ROAD STE D-104 FORT LAUDERDALE FL 33309

3. Date Formed or Registered: 08/08/1995
3a. Date of Last Report: 12/30/1996
4. State or Country of Formation: FL
5a. Capital Contributions as Shown on record: $30,000.00
5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt. #, etc.: Suite D-110	Suite, Apt #, etc.: Suite D-110
City & State	City & State
Zip / Country	Zip / Country

6. FEI Number: 65-0598362 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ **$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
WACHS, JEFFREY S ESQUIRE 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316	Name: Mark S. Feluren, Esquire Street Address (P.O. Box Number Is Not Acceptable): 100 SE 3rd Ave One Financial Plaza Suite, Apt #, etc.: Suite 1500 City: Fort Lauderdale FL Zip Code: 33394

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) X _____ DATE X 12-12-97

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
18TH STREET CORPORATION	2700 W. CYPRESS CREEK	FORT LAUDERDALE FL 33	P95000056720

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-12/17/97--01040--019
****318.75 ****313.75

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 empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE _____ DATE 9-3-97

Typed or Printed Name of General Partner Signing Form: Jamie A. Danburg, Pres GP Daytime Telephone Number: 954-974-1236

CR2E003 (6/97)