FILE ON OR BEFORE APRIL 8,1998 TO AVOID REVOCATION AND \$500 PENALTY FEE

\$ A1.25

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

TOWNPAR, LTD.

1a. DOCUMENT # **A9500001235**

APPROVED AND FILED

1098 APR -3 AH 9: 30

SEGRETARY OF STATE TALLAHASSEE, FLORIDA



	9.70	rum		
Melling Address 3250 MARY ST. #404	Principal Office Address 3250 MARY ST. #404		3. Date Formed or Registered 08/17/1995 3a. Date of Last Report 12/26/1996	5a. Capital Contributions as Shown on record
C/O STEINER & ASSOCIATES MIAMI FL 33133	C/O STEINER & ASSOCIATES MIAMI FL 33133			\$3,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:
Suite, Apt. #, etc. City & State	Suite, Apt #, etc.			Applied For Not Applicable
Zip* Country	City & State	Country	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	
FLETCHER, JOHN S C/O MORGAN, LEWIS & BOCKIUS 200 SOUTH BISCAYNE BLVD., SUITE 5300 MIAMI FL 33131-2339		Name SUZANNE DOCKERTY Street Address (P.O. Box Number is Not Acceptable) NIERRICK WAY Suite, Apt. #, etc. SUITE 3-B City 14444444 Coval Gable, FL 7ip Code 33134		
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 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)				
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)	Address of Each General 11a. (Do NOT Use Post Office Box	Partner : Numbors) 11	b. City, State & Zip Code	11c. Registration/ Document Number
BAGHEERA INTERESTS, L.C.	3250 MARY ST. #404		MIAMI FL 33133	L9500000162
			800002 -04/08 ****1	4830186 /8801091012 41.25 ****141.25

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 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 account this report as required by chapter 620, Florida Statutes.

SIGNATURE Later A (un)

PATRICIA CURRY

DATE 3-5-98

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