## 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#** A95000001322

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SECRETARY OF STATE	
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TAPLIN FALLS, LTD.				
Mailing Address  13651 NW 4TH ST. PEMBROKE PINES FL 33028	Principal Office Address  1001 SOUTH BAYSHORE DRIVE, SUITE 2100 MIAMI FL 33131		3. Date Formed or Registered 09/06/1995 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$5,250,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.		10/29/1997  4. State or Country of Formation  FL  6. FEI Number	5b. Amount of Capital Contributions in FLORIDA to date:  Applied For
City & State  Zip Country	City & State Zip	Country	65-0607182 7. Certificate of Status Desired 8. Make check payable to: Dept. of St	\$8.75 Additional Fee Required tate (See reverse side for fee information)
9. Name and Address of Current Re TAPLIN, JAY A ESQ. 1500 SAN REMO AVE., SUITE 220 CORAL GABLES FL 33131  10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am famillar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS MUST	20.192, Fiorida Statutes, the above-named stered agent, or both, in the State of Florid section 620.192, Florida Statutes.	Suite, Apt. #, etc.  City  I limited partnership or, la. Such change was a	uthorized by its general partner(s), I hereby  DAYE  RTNERSHIP OR OTHER	FL Zip Code State of Florida, submits this statement accept the appointment of registered
11. Name(s) of General Partner(s)  TAPLIN MEADOWS DEVELOPMENT C	11a. Address of Each General (Do NOT Use Post Office Bo) 1001 SOUTH BAYSHORE	x Numbers)_ IID	IIAMI FL 33131 10000271 -12/03/9 ****\$528	P95000000335  D2521—9 8-01111-005 25 ****526.25

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 filling 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

Typed or Printed Name of General Partner Signing Form