


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

99 DEC 24 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership		1a. DOCUMENT # A95000001469	
COURTYARD DISTRIBUTION CENTER LIMITED PARTNERSHIP #2 <i>99-AB CM</i>			
Mailing Address 10260 NW 47TH ST. SUNRISE FL 33351		Principal Office Address 10260 NW 47TH ST. SUNRISE FL 33351	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 09/28/1995		5a. Capital Contributions as Shown on record. \$5,000.00	
3a. Date of Last Report 12/24/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
6. FEI Number 65-0661057		7. Certificate of Status Desired <input type="checkbox"/> \$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 WACHS, JEFFREY S ESQ. % DOUMAR CURTIS CROSS LAYSTROM & PERLOFF 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 800002739328--1 Suite, Apt. #, etc. -01/13/99--01031--016 City ****141.25 ****141.25 FL Zip Code	
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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)

DATE

**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
COURTYARD DISTRIBUTION CENTE	10260 NW 47TH ST.	SUNRISE FL 33351	P95000050610

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

12-21-98

Typed or Printed Name of General Partner Signing Form

Joseph Vitolo

Daytime Telephone Number

(954) 572-6900

CR2E003 (8/98)