

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

FILED
99 JAN -5 PM 2:04
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001653

LEE'S CROSSING-DELRAY BEACH LIMITED PARTNERSHIP

Mailing Address

C/O MARK PORATH
16830 VENTURA BLVD., #352
ENCINO CA 91436

Principal Office Address

C/O JAMES GRIFFIN
1401 E BROWARD BLVD., #302
FT LAUDERDALE FL 33301

2. Mailing Address

c/o MARK PORATH
16133 VENTURA BLVD, STE 1400
ENCINO, CA
91436 USA

2a. Principal Office Address

Suite, Apt #, etc

City & State

Zip

Country

3. Date Formed or Registered

10/31/1995

3a. Date of Last Report

02/24/1998

4. State or Country of Formation

FL

6. FEI Number

95-4550965

7. Certificate of Status Desired

5a. Capital Contributions as
Shown on record

\$985,176.78

5b. Amount of Capital
Contributions in FL OADR
to date

(665,529.05)

☐ Applied For
☐ Not Applicable

☐ \$8.75 Additional
Fee Required

8. Make check payable to Dept. of State (See reverse side for instructions)

10. If changed, new Registered Agent/Office

Name
N/A

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt #, etc

City

FL

Zip Code

9. Name and Address of Current Registered Agent

GRIFFIN, JAMES
VICTORIA PARK CENTER
1401 E BROWARD BLVD., STE 302
FT LAUDERDALE FL 33301

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)

N/A

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)

MS/SEP #2 GP, L.C.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

16830 VENTURA BLVD.;
16133 VENTURA BLVD,
#1400

11b. City, State & Zip Code

ENCINO CA 91436

11c. Registration/
Document Number

L97000000589

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 SEE ATTACHED SIGNATURE BLOCK

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8-99)