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
98 DEC 30 PM 12:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A95000001926

NORTHPORT MARKETPLACE, LTD.

Mailing Address	Principal Office Address
12000 BISCAYNE BLVD.. PH 810 MIAMI FL 33181	12000 BISCAYNE BLVD.. PH 810 MIAMI FL 33181

3. Date Formed or Registered: 12/08/1995

3a. Date of Last Report: 12/31/1997

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record.: $99.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

6. FEI Number: 65-0649458 ☐ 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)

141.25

9. Name and Addr

FLORIDA INTERNATIONAL TRA
12000 BISCAYNE BLVD., PH 81
MIAMI FL 33181

10. If changed, new Registered Agent/Office

). Box Number Is Not Acceptable)

400002747824--3
-01/20/99--01066--014
****87.50 FL ****141.25

10a. Pursuant to the provisions of section for the purpose of changing its regist agent. I am familiar with, and accept ganized or registered under the laws of the State of Florida, submits this statement uthorized by its general partner(s). I hereby accept the appointment of registered

SIGNATURE (Registered Agent Accepting App DATE

A GENERAL PARTNER[illegible] 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
NORTHPORT MARKETPLACE, INC.	12000 BISCAYNE BLVD.,	MIAMI FL 33181	P93000064128

CR2E003 (8/98)

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 I. S [illegible], DIR., NORTHPORT MARKET- DATE 12-28-98

Typed or Printed Name of General Partner Signing Form R. SCOTT IRELAND PLACE, INC Daytime Telephone Number 305-891-6806