

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 22 AM 9:58

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001999

PEE WEE HAVEN, LTD.



Mailing Address 4440 PGA BLVD., SUITE 103 PALM BEACH GARDENS FL 33410		Principal Office Address 4440 PGA BLVD., SUITE 103 PALM BEACH GARDENS FL 33410		3. Date Formed or Registered 12/21/1995	5a. Capital Contributions as Shown on record. \$7,500.00
2. Mailing Address 4440 PGA BLVD.		2a. Principal Office Address 4440 PGA BLVD.		3a. Date of Last Report 12/19/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. SUITE 402		Suite, Apt. #, etc. SUITE 402		4. State or Country of Formation FL	
City & State PALM BEACH GARDENS, FL		City & State PALM BEACH GARDENS, FL		6. FEI Number 65-0627318	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33410 PALM BEACH		Zip 33410 PALM BEACH		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 WOLLETT, CYLESTE A 4440 PGA BLVD., SUITE 103 PALM BEACH GARDENS FL 33410	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 4440 PGA BLVD. Suite, Apt. #, etc. SUITE 402 City PALM BEACH GARDENS FL Zip Code 33410
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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) WOLLETT, CYLESTE A	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12860 OAK KNOLL DRIVE	11b. City, State & Zip Code PALM BEACH GARDENS FL	11c. Registration/Document Number 200002747572--0 -01/20/99--01043--011 ****141.25 ****141.25
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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 12-16-98

Typed or Printed Name of General Partner Signing Form

CYLESTE WOLLETT

Daytime Telephone Number 561-622-0800

CR2E003 (8/98)