## 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

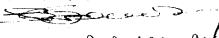
## DIVISION OF CORPORATIONS **DOCUMENT#** 1. Name of Limited Partnership A96000000746 THE BERNARDO BATIEVSKY FAMILY LIMITED PARTNERSHIP Mailing Address 3. Date Formed or Registered **5a.** Capital Contributions as Shown on record Principal Office Address C/O AMERICAN EQUITY PROPERTIES INC. 04/18/1996 C/O AMERICAN EQUITY PROPERTIES, INC. \$285,000.00 19495 BISCAYNE BLVD., SUITE 600 19495 BISCAYNE BLVD., SUITE 600 3a. Date of Last Report AVENTURA FL 33180 AVENTURA FL 33180 01/02/1998 **5b.** Amount of Capital Contributions in F1 OR(I)A to date 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address \$285,000-00 FL Suite, Apt. #, etc. Suite, Apt #, etc. 6. FEL Number Applied For 65-0664005 Not Applicable City & State City & State 7. Certificate of Status Desired \$8.75 Additiona Country Żio Country 8. Make thick payable to Dept. of Stab. (See reverse side for fee information) 9. Name and Address of Current Registered Agent If changed, new Registered Agent/Office Name BATIEVSKY, BERNARDO Street Address (P.O. Box Number is Not Accopable) C/O AMERICAN EQUITY PROPERTIES, INC. 19495 BISCAYNE BLVD., SUITE 600 Suite Apt # cti **AVENTURA FL 33180** 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 ancept the appointment of registered agent. I am familiar with, and accept the obligations of section 520,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner 11. Registration. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State 8 Zip Code 11c. Document Number **BERNARDO BATIEVSKY FAMILY HO** 19495 BISCAYNE BLVD., **AVENTURA FL 33180** P96000020359 \*\*\*\*526.25 \*\*\*\*526.25

RZE003 (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 firing is voluntarily furnished and does not qualify for the exemption state. In Section 119.07(3)(k). Florida Statutes T release the Ovision 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 thy 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 trusted empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE



DATE 12/23/98

Typed or Printed Name of General Partner Signing Form BERNARDS BATTENSKY (PELS Elaytene Telephone Numbe (365) 93) 9206