FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9600000748

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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DEERWOOD REALIT PARTINE	NS, E10.				
Mailing Address Principal Office Address 1505 N.W. 167TH STREET 4TH FL MIAMI FL 33169 MIAMI FL 33169			3. Date Formed or Registered 04/18/1996 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$75,000.00	
2. Mailing Address	28. Principal Office Address		01/03/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number 65→ 06 To	🖳 Applied For	
City & State	City & State		APPLIED FOR 7. Certificate of Status Desired	Not Applicable \$8.75 Additiona	
Žip Country	Zip Country		Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Information)		
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name			
DEERWOOD REALTY PARTNERS, INC. 3715 N.E. 214TH TERRACE		Street Address (P.O. Box Number Is Not Acceptable)			
AVENTURA FL 33180		Suite, Apt. #, etc. 11002425591 0 -02/09/9801142010 City ****541.25 *****541.25			Э —
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	IS A CORPORATION, LII	MITED PART ACTIVE WI	NERSHIP OR OTHE	R BUSINESS ENTIT	Y
11. Name(s) of General Partner(s)	11a. Address of Each General Pa	artner lumbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
DEERWOOD REALTY PARTNERS, IN	3715 N.E. 214TH TERRA	AVE	NTURA FL 33180	P96000031982	CPOECOS (EXOZ)
Note: General partners MAY NOT					r.
	Sction 19 07(3)(k) in the event that the informature shall have the same legal effects as if more 20 frontial Statutes.	nation supplied is deer nade under oath. I furth	ned exempt from public access. I further of certify that I am a General Partner of	or certify that the information indicated	l on istee
Typed or Printed Name of General Partner Signing Form .	MARK GORDON		Daytime Telephone Number	**************************************	