FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LÌMITED PARTNERSHIP FLORIDA DEPARTMENT OF STATE Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 31 PM 3:31 **DOCUMENT#** 1. Name of Limited Partnership SECRETARY OF STATE TALLAHASSEE, FLORIDA A96000000817 ARMITAGE ASSOCIATES LIMITED PARTNERSHIP NO. 2 3. Date Formed or Registered Mailing Address Principal Office Address Capital Contributions as Shown on record. 520 BRICKELL KEY DRIVE, SUITE 0-305 04/30/1996 520 BRICKELL KEY DRIVE. SUITE 0-305 \$900,000.00 MIAMI FL 33131 MIAMI FL 33131 3a. Date of Last Report 04/20/1998 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 65-0734522 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Žin Country Zip Country 8. Make check payable to: Dept. of State (See reverse side for fee information) Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office HABER, ROBERT M Street Address (P.O. Box Number is Not Asceptable) 2747137 520 BRICKELL KEY DRIVE, SUITE 0-305 -01/28/93:-01824 -863 - - **MIAMI FL 33131** Suite, Apt. #, etc. ****526.25 ***2105.00 4 City Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-mained 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. 10a. 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. Address of Each General Partner 11. Registration/ Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) City, State & Zip Code 11c. Document Number ARMITAGE PROPERTIES, INC. 520 BRICKELL KEY DRIV MIAMI FL 33131 P94000057316 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 obes 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 ci SIGNATURE Typed or Printed Name of General Partner Sign