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

1. Name of Limited Partnership

DOCUMENT# A96000000818

FILED SECRETARY OF STATE DIVISION OF COPPORATIONS

98 DEC - 1 PH 12: 55

| MAGNUM WEST CO | DAST PROPERTIES, LTD. | Q12/2 | |
|-----------------|--------------------------|------------------------------|--|
| Mailing Address | Principal Office Address | 3_ Date Formed or Registered | 5a. Capital Contributions as Shown on record. |

| | | | | 012/2 | | 1 186 |
|---|---|-----------------------|--|---------------------------------------|---|----------------|
| Mailing Address | Principal Office Address | | | 3_ Date Formed or Registered | 5a. Capital Contributions as Shown on record. | |
| 1280 N.E. 48TH STREET 1280 N.E. 48TH STREET POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 | | | | 04/26/1996 3a. Date of Last Report | \$1.00 | |
| | | | | 11/18/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: | |
| 2. Mailing Address 2a. Principal Office Address | | | 4. State or Country of Formation | io date. | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 6. FEI Number 65-0665015 | Applied For Not Applicable | |
| City & State | City & State | On inter- | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required | |
| Zip Country | Zip | Country | | 8. Make check payable to: Dept. of St | | ition) |
| | 1 | | | | | |
| 9. Name and Address of Current R | egistered Agent | <u> </u> | | 10. If changed, new Registered A | Igent/Office | |
| FREDERICO, JAMES | | Name | | | | |
| 1280 N.E. 48TH ST. | | | Street Address (P.O. Box Number Is Not Acceptable) | | | |
| POMPANO BEACH FL 33064 | | Suite, Apt. #, etc. | | | | |
| | | City | | | FL Zip Code | |
| 10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of | stered agent, or both, in the State of Florid | | | | | |
| 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) | 11a. Address of Each General | Partner x Numbers) | 11b. | City, State & Zip Code | 11c. Registration/ Document Number | |
| MAGNUM PROPERTY DEVELOPMENT | 1280 N.E. 48TH ST. | | POM | MPANO BEACH FL 3306 | P93000052210 | |

| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|-----------------------------------|---|---------------------------------|---|
| MAGNUM PROPERTY DEVELOPMENT | 1280 N.E. 48TH ST. | POMPANO BEACH FL 3306 | P93000052210 |
| | | 3000027; -12/03/9 ****150 | 724535 -01103-005 0.00 ****150.00 |
| | | | |

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, Forida Statu

| SIGNATURE | |
|--|----------------|
| | |
| Typed or Printed Name of General Parts | ner Signing Fo |

JAMOS

MODERICO

UB.

Daytime Telephone Number