## 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 # **A9600000839** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 JAN 20 PM 3: 23

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PALM DRIVE INVESTMENT, LTD.					
			001/23		
Mailing Address	Principal Office Address		3. Date Formed or Registered	<b>58.</b> Capital Contributions as Shown on record.	
241 SEVILLA AVENUE. SUITE 805	241 SEVILLA AVENUE, SUITE 805		05/02/1996	\$40,000.00	
"CORAL GABLES FL 33134	CORAL GABLES FL 33194		38. Date of Last Report		
			12/24/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	28. Principal Office Address		4. State or Country of Formation	to dete:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0	74/833 Applied For	
City & State	City & State		APPLIED FOR	Not Applicable	
Zip Country	Zip Country	,	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Lip Country	Zip Country	,	8. Make check payable to: Dept. of	State (See reverse side for fee Information)	
A Hama and Address of Curre	nt Begintered Apont		40 16-1	4	
9. Name and Address of Current Registered Agent  DE LA CRUZ, LUIS  O44 OCHILA AMENIUS OLUTTO OOD		10. If changed, new Registered Agent/Office  Name  Streel Address (P.O. Box Number Is Not Acceptable)			
					241 SEVILLA AVENUE, SUITE 805 CORAL GABLES FL 33134
	City			FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office of agent. I am femiliar with, and accept the obligation	or registered agent, or both, in the State of Florida. Such	partnership orga change was au	nized or registered under the laws of the think the control of the	ne State of Florida, submits this statement beby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)	1	<del></del>	*** * *		
MUS	TIS A CORPORATION, LIMITE ST BE REGISTERED AND AC	TIVE WI	MERSHIP OR OTHE THE THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Number	(s) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
PALM DRIVE INVESTMENT GROUP,	241 SEVILLA AVENUE, S	COI	RAL GABLES FL 33134	P96000033425	
			4000024 -01/27/ ****38	<b>4136547</b> /9801039018 33.75 ****383.75	
Note: General partners MAY NO	T be changed on this form; an a	mendme	nt must be filed to cha	nge a general partner.	
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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 proof as required by chapter 620. Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

CARIOS

ARRIAGA

Davtime Telephone No

Number (305) 361-263

CR2E003 (6/97