FILE ON OR BEFORE APRIL 8,1999 TO AVOID REVOCATION AND \$ PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS



98 DEC 24 PM 2: 31

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1. Name of Limited Partnership	1a. DOCUMENT # A9600000839			1	Y OF STATE	
PALM DRIVE INVESTMENT	, LTD.]	### #### #### #### ###################	
Mailing Address	Principal Office Address	Principal Office Address			5a. Capital Contributions as Shown on record.	
241 SEVILLA AVENUE. SUITE 805	,	241 SEVILLA AVENUE, SUITE 805 CORAL GABLES FL 33134		05/02/1996		
CORAL GABLES FL 33134	CORAL GABLES FL 33134			3a. Date of Last Report 12/24/1996	\$40,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			Formation Contributions in PLOHIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number	D 4	
City & State	City & State	City & State		65-0741825	Applied For Not Applicable	
Zip Country	Zip	Zip Country		7. Certificate of Status Desired \$8.75 Addition. Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Inform		
9. Name and Address of C	turrent Registered Agent	7 -		10. If changed, new Registere	d Agent/Office	
DE LA CRUZ, LUIS		Name				
241 SEVILLA AVENUE, SUITE 805		Street Address (P.O. Box Number Is Not Acceptable)				
CORAL GABLES FL 33134		Suite, Apt. #, etc.		. Box Number Is Not Acceptable)		
				FI Zip Code		
for the purpose of changing its registered off agent. I am familiar with, and accept the obli- SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TH	nt)	Florida. Such cha	PART	thorized by its general partner(s). I here DATE THERSHIP OR OTHE	by accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office I	erai Partner Box Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
PALM DRIVE INVESTMENT GROUP,	241 SEVILLA AVENUE, S		CORAL GABLES FL 33134		P96000033425 7509466 /8901006004	
				500002 -01/22 ****3	7509466 /8901006004 68.75 ****368.75	
Note: General partners MAY N 12. I do hereby certify that the information supplied Corporations from any liability of non-compliand this annual report is true and accurate and that empowered to execute this report as prouiting to	with this filling is voluntarily furnished and does the with Section 119.07(3)(k) in the event that the my signature shall have the same legal effects a	not qualify for the information supp	e exemption olied is deem	stated in Section 119.07(3)(k), Florida ned exempt from public access. I further or certify that I am a General Partner of	Statutes. I release the Division of er certify that the Information indicated on the limited partnership, receiver or trustee	
SIGNATURE	7			DATE /c	2-21-98	
Typed or Printed Name of General Partner Signing For	n- Carlos Arriac	ı a		Daylime Telephone Number / 3	05/4412-0100 1	