

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

LIMITED PARTNERSHIP
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

1999 2000

FILED
00 MAY -4 PM 4: 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000854

LIMITED PARTNERSHIP

Mailing Address

400 ROYAL PALM WAY
SUITE 214
PALM BEACH FL 33480

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Principal Office Address

400 ROYAL PALM WAY
SUITE 214
PALM BEACH FL 33480

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered
05/03/1996

3a. Date of Last Report
04/28/1998

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record.
\$1,665,000.00

5b. Amount of Capital Contributions in Florida to date:

6. FEI Number
65-0677737

7. Certificate of Status Desired \$8.75 Additional Fee Not Applicable

8. (Make check payable to Dept. of State)

9. Name and Address of Current Registered Agent

ALEXANDER, LARRY B ESQ.
505 S. FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named 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.

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 (Do Not Use Post Office Box Number)	11b. City, State & Zip Code	11c. Registration/ Document Number
396 CORPORATION	400 ROYAL PALM WAY, S	PALM BEACH FL 33480	P96000038830
		4000003293214--3 -06/18/00--01007--019 *****526.25 *****526.25	

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, Florida Statutes.

SIGNATURE *[Signature]* DATE 4/15/98

Typed or Printed Name of General Partner Signing Form Clay Savage Daytime Telephone Number 4/30/80