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. Mortham

Secretary of State

FILED

1999	A 200 WE 35	DIVISION OF CO	ORPORATIO	NS	COREC 28 PM	:19		
1. Name of Limited Partnership	^{1a.} A90	1a. DOCUMENT # A9600001042			98 DEC 28 PM 1:19 SECRETARY OF STATE TALLAHASSEE, FLORIDA			
RENA DEVELOPMENT	COMPANY, LTI	D.		1				
Mailing Address	Principal Office	Principal Office Address			3. Date Formed or Registered	Registered 5a. Capital Contributions as Shown on record.		
13611 GREEN TREE ROAD SUNRISE FL 33323 SUNRISE FL 33323					06/03/1996 3a. Date of Last Report	\$500.00		
				}	01/14/1998	5b. Amo	ount of Capital tributions in FLORIDA	
2. Mailing Address	2a. Princip	2a. Principal Office Address			4. State or Country of Formation	\$500.00		
Suite, Apt. #, etc.	Suite, Apt. #,	Suite, Apt. #, etc.			6. FEI Number	Applied For		
City & State	City & State	City & State			65-0683997 7. Certificate of Status Desired		Not Applicable	
Zip Country	Zip	Zip C			8. Make check payable to: Dept. of S	State (See rev	\$8.75 Additional Fee Required	
								<u> </u>
9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC.			10, If changed, new Registered Agent/Office					
			Street Address (P.O. Box Number Is Not Acceptable)					
ONE S.E. THIRD AVENUE, 27TH	Suite, Apt. #, etc.							
MIAMI FL 33131						<u> </u>		
			City			FL	Zip Code	
agent, I am fernillar with, and accept SIGNATURE (Registered Agent Accepting App A GENERAL PARTNEI	oointment)R THAT IS A CORI MUST BE REGI	PORATION, L STERED ANI	<u> ACTIV</u>	PARTI E WITI	DATE NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTIT	Ŷ
11. Name(s) of General Partner(s)	11a. (Do	Address of Each General NOT Use Post Office Box	(Numbers)	11b.	City, State & Zip Code	11c.	Document Number	
ARENA DEVELOPMENT COMPA	ANY, I 200 S.	200 S. ANDREWS AVE.,		FT. LAUDERDALE FL 333		P96000035493		
					8000027 -01/14/ ****141	425 9-01 1.25	138—2 131—011 ****141.25	
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•			ĺ					
Note: General partners M	AY NOT be change	d on this form	; an ame	ndmen	t must be filed to cha	nge a g	eneral partne	 r.
 I do hereby certify that the information s Corporations from any liability of non-ce this annual report is true and accurate a empowered to execute this report as re- 	empliance with Section 119.07(3)(k and that my signature shall have the) in tile event that the Info a same legal effects as if	xmation supplie	d is deemed	exempt from public access, I further	certify that the	e Information indicated o	n tee
SIGNATURE	pun y	4			DATE			
Total or Division Name of Second Second					Daudime Talophona Number			