## 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

a. DOCUMENT # **A9600001043** 

FILED

98 DEC 28 PM 1: 18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

				- MEMAIN		
ARENA OPERATING COMPANY,	LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capi	Ital Contributions as	
200 S. ANDREWS AVE., SIXTH FLOOR FT. LAUDERDALE FL 33301	200 S. ANDREWS AVE., SIXTH FLOOR FT. LAUDERDALE FL 33301			06/03/1996 3a. Date of Last Report	\$500-00  5b. Amount of Capital Contributions in FLORIDA to date:	
				01/14/1998 4- State or Country of Formation		
2. Mailing Address	2a. Principal Office Address			FL	\$500.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	<u></u>	Applied For	
City & State	City & State		65-0683996  7. Certificate of Status Desired	Not Applicable  \$8.75 Additional		
Zip Country	Zip Country				\$8.75 Additional Fee Required  State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 27TH FLOOR MIAMI FL 33131		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
	City		<del></del>		FL	ZIp Code
for the purpose of changing its registered office or regist agent. I am familiar with, and accept the obligations of a SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS	iection 620,192, Floride Statutes.	.IMITED	PART	DATEDATE_	- <u>-</u>	
11. Name(s) of General Partner(s)	BE REGISTERED ANI Address of Each General	5	11b.	City, State & Zip Code	11c.	Registration/
11. Name(s) of General Partner(s)  ARENA OPERATING COMPANY, INC  200 S. ANDREWS AVE.,				LAUDERDALE FL 333	P96000046683	
•				7000027429375 -01/14/9901131010 *****141.25		
-						
Note: General partners MAY NOT be	e changed on this form	; an am	endme	nt must be filed to cha	nge a g	eneral partner.
12. I do hereby certify that the information supplies with this fill Corporations from any liability of non-compliance with Sectifits annual report is true and accurate that my signature empowered to execute this report as required by chapter 6	tion 119.07(5)(k) in the event that the info re shall have the same legal effects as if	rmation suppl	ied is deeme	ed exempt from public access. I further o	certify that the	information indicated on
SIGNATURE // Conz	- Com			DATE		_ <del></del>
Typed or Printed Name of General Partner Signing Form				Daytime Telephone Number		