

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 28 AM 8:12

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership MUTINY ON THE BAY, LTD.	1a. DOCUMENT # A96000001261
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001/13

Mailing Address 2951 S. BAYSHORE DR. COCONUT GROVE IL 33133	Principal Office Address 2951 S. BAYSHORE DR. COCONUT GROVE IL 33133	3. Date Formed or Registered 07/02/1996	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address 2951 So. Bayshore Dr. Suite, Apt. #, etc.	2a. Principal Office Address 2951 So. Bayshore Drive Suite, Apt. #, etc.	3a. Date of Last Report 01/14/1998	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Coconut Grove FL	City & State Coconut Grove FL	4. State or Country of Formation FL	
Zip 33133	Country USA	6. FEI Number 65-0681967	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)		

9. Name and Address of Current Registered Agent DUNIN, RICARDO 2951 S. BAYSHORE DR. COCONUT GROVE FL 33133	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 208002744472 5 City FL
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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 Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
FLAGLER DEVELOPMENT INC.	1224 BRICKELL AVENUE, 2951 So. Bayshore Dr.	MIAMI FL 33131 Coconut Grove, FL 33133	P95000085843

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 _____ DATE _____

Typed or Printed Name of General Partner Signing Form **Ricardo Dunin, Pres. Flagler Development** Daytime Telephone Number **305-445-9745**

General Partner

CR2E003 (8/98)