

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 16 AM 10:02

**1. Name of Limited Partnership** **1a. DOCUMENT #**  
**A96000001275**

**GUARANTY BUILDING LIMITED PARTNERSHIP**



<b>Mailing Address</b> 120 S. OLIVE AVE., STE. 206 WEST PALM BEACH FL 33401		<b>Principal Office Address</b> 120 S. OLIVE AVE., STE. 206 WEST PALM BEACH FL 33401		<b>3. Date Formed or Registered</b> 07/05/1996	<b>5a. Capital Contributions as Shown on record.</b>  <b>\$300,000.00</b>
<b>2. Mailing Address</b> Suite, Apt. #, etc. <b>ste 200</b> City & State Zip Country		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. <b>ste 200</b> City & State Zip Country		<b>3a. Date of Last Report</b> 01/09/1997	
				<b>4. State or Country of Formation</b> FL	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>
				<b>6. FEI Number</b> 65-0688556	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				<b>7. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>					

<b>9. Name and Address of Current Registered Agent</b> <b>WEINER, MICHAEL S ESQUIRE</b> <b>O/O WEINER &amp; MORICI, P.A.</b> <b>102 NORTH SWANTON AVENUE</b> <b>DELRAY BEACH FL 33444</b>	<b>10. If changed, new Registered Agent/Office</b> Name <b>Albert Beriro</b> Street Address (P.O. Box Number is Not Acceptable) <b>120 S. Olive Ave</b> Suite, Apt. #, etc. <b>Ste 200</b> City <b>West Palm Beach</b> <b>FL</b> Zip Code <b>33401</b>
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**10a.** Pursuant to the provisions of sections 620.1051 and 620.1052, 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) *[Signature]*

DATE **3/17/98**

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b> <b>ALCAD REAL ESTATE CORP.</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> <b>120 S. OLIVE AVE., ST</b>	<b>11b. City, State &amp; Zip Code</b> <b>WEST PALM BEACH FL 33</b>	<b>11c. Registration/Document Number</b> <b>L73768</b> <b>400002500354--8</b> <b>-04/24/98--01117--025</b> <b>****535.80 ****535.00</b>
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**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 **3/17/98**

Typed or Printed Name of General Partner Signing Form

**Albert Beriro**

Daytime Telephone Number

**561 833 6668**

CR2E003 (12/97)