

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC -3 AM 10:41

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000001319**

**EMERALD INVESTMENT OF SOUTH FLORIDA, LTD.**



Mailing Address 2201 W SAMPLE ROAD, BLDG #9, SO 1B POMPANO BCH FL 33073		Principal Office Address 2201 W SAMPLE ROAD, BLDG #9, SO 1B POMPANO BCH FL 33073		3. Date Formed or Registered <b>07/12/1996</b>	5a. Capital Contributions as Shown on record. <b>\$1,000,000.00</b>
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report <b>09/29/1997</b>	
City & State		City & State		4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date:
Zip Country		Zip Country		6. FEI Number <b>65-0682222</b>	
				7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information) <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent <b>MARGOLIES, BERNARD W</b> 2201 W SAMPLE ROAD, BLDG #9, SO 1B POMPANO BCH FL 33073		10. If changed, new Registered Agent/Office Name <b>IRENE TREMATERRA</b> Street Address (P.O. Box Number Is Not Acceptable) <b>10540 WILES ROAD</b> Suite, Apt. #, etc. City <b>COOK SPRINGS</b> FL Zip Code <b>33015</b>	
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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) *[Signature]* DATE **Dec 1, 1998**

**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
ROYAL ASSET MANAGEMENT, INC.	6221 WEST ATLANTIC BL	MARGATE FL 33063	P96000058633
<b>800002707408--9</b> <b>-12/09/98--01089--019</b> <b>*****535.00 *****535.00</b>			

**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 **Dec 9, 1998**  
 Typed or Printed Name of General Partner Signing Form **IRENE TREMATERRA** Daytime Telephone Number **954-757-5109**

CR2E003 (8/98)