FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED

99 APR -5 PH 1: 39

1. Name of Limited Partnership	1a. DOCU A96000 0	JMENT # 001555	The state of the s	SECRETARY OF SEA	
GALT OCEAN DRIVE LIMITED	PARTNERSHIP		† 1081011 1410 YUNG 0 7711 00 41	: 	
Mailing Address 4240 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308	Principal Office Address 4240 GALT OCEAN DRIVE FORT LAUDERDALE FL 33308		3. Date Formed or Registered 08/21/1996 3a. Date of Last Report 10/03/1997	5a. Capital Contributions as Shown on record \$5,000.00	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formalion	Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt #, etc. City & State		6. FE: Number 65-0687454	Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired 8. Make theck payable to Dept of	\$8.75 Additional Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent PERLOFF, JOHN W ESQ. 1177 S.E. 3RD AVENUE FORT LAUDERDALE FL 33316 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Stalules, the above for the purpose of changing its registered office or registered agent, or both, in the State agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION.		Suite, Apt #, etc City named finited partnership Florida Such change wa	****** 1.5 organized or registered under the taws of the is authorized by its general partner(s). I hereb DATE	337427-3 /99-01017-003 50.00 ****150.00 FL Zip Code state of Florida, submits this statement by accept the appointment of registered	
MUS	T BE REGISTERED	AND ACTIVE	WITH THIS OFFICE.	Parintalian'	
GALT OCEAN DRIVE HOTEL CORP.	11a. (Do NOT Use Post Office Box Numbers) 1177 S.E. 3RD AVENUE		FORT LAUDERDALE FL 33	11c. Document Number P96000067881	
Note: General partners MAY NOT	be changed on this fo	orm; an amend	lment must be filed to cha	ange 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 affects us if hade 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 Statoles

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number