



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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>		<b>FILED</b> <b>98 DEC 24 PM 2:02</b> <b>SECRETARY OF STATE TALLAHASSEE, FLORIDA</b> 	
<b>1. Name of Limited Partnership</b>  <b>7211 LTD.</b>		<b>1a. DOCUMENT #</b> <b>A96000001817</b>		<b>3. Date Formed or Registered</b> <b>10/01/1996</b> <b>3a. Date of Last Report</b> <b>03/09/1998</b> <b>4. State or Country of Formation</b> <b>FL</b> <b>6. FEI Number</b> <b>65-0700678</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required <b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	
<b>Mailing Address</b> <b>6262 SUNSET DRIVE, PH-218 SOUTH MIAMI FL 33143</b>		<b>Principal Office Address</b> <b>6262 SUNSET DRIVE, PH-218 SOUTH MIAMI FL 33143</b>			
<b>2. Mailing Address</b> <b>7211 SW 62 Avenue Suite, Apt. #, etc. Suite 114 City &amp; State South Miami FL Zip Country 33143 USA</b>		<b>2a. Principal Office Address</b> <b>7211 SW 62 Avenue Suite, Apt. #, etc. Suite 114 City &amp; State South Miami FL Zip Country 33143 USA</b>			
<b>9. Name and Address of Current Registered Agent</b> <b>FRIEDMAN, MICHAEL D 1401 BRICKELL AVENUE, SUITE 530 MIAMI FL 33131</b>		<b>10. If changed, new Registered Agent/Office</b> <b>Name</b> <b>Street Address (P.O. Box Number Is Not Acceptable)</b> <b>Suite, Apt. #, etc.</b> <b>City</b> <b>5000002743385-8</b> <b>-01/15/99-01/24/02</b> <b>FL</b>			
<b>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, hereby appoints the undersigned as its registered agent 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.</b>  <b>SIGNATURE (Registered Agent Accepting Appointment)</b> _____ <b>DATE</b> _____					
<b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>11. Name(s) of General Partner(s)</b>  <b>7211 CORP.</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  <b>6262 SUNSET DRIVE, PH</b>	<b>11b. City, State &amp; Zip Code</b>  <b>SOUTH MIAMI FL 33143</b>	<b>11c. Registration/ Document Number</b>  <b>P96000080425</b>  <div style="text-align: right;"> <b>UTS</b>  <b>1-11-99</b> </div>		
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>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.</b>					
<b>SIGNATURE</b> _____				<b>DATE</b> <b>12/29/98</b>	
<b>Typed or Printed Name of General Partner Signing Form</b> _____				<b>Daytime Telephone Number</b> _____	

CR2E003 (8/98)