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
99 MAR -2 PM 12: 52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT # A96000002063

JOG PALMS-PALM BEACH LIMITED PARTNERSHIP

Mailing Address

~~MARK PORATH~~
~~16830 VENTURA BLVD., STE. 352~~
~~ENCINO CA 91436~~

c/o MARK PORATH
16133 VENTURA BLVD, STE 1400
ENCINO, CA
91436 USA

Principal Office Address

JAMES GRIFFIN
1401 E BROWARD BLVD., #302
FT LAUDERDALE FL 33301

2a. Principal Office Address
Suite, Apt. #, etc.
City & State
Zip Country

3. Date Formed or Registered: 11/07/1996

3a. Date of Last Report: 02/24/1998

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $100.00

5b. Amount of Capital Contributions in FLORIDA to date: 1,788,241.89

6. FEI Number: 95-4604495 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ $8.75 Additional Fee Required

8. Make check payable to Dept. of State (See reverse side for fee information) ~~[illegible]~~ $526.25

9. Name and Address of Current Registered Agent

GRIFFIN, JAMES
VICTORIA PARK CENTER
1401 E BROWARD BLVD., STE 302
FT LAUDERDALE FL 33301

10. If changed, new Registered Agent/Office

Name N/A
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City FL Zip Code

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) N/A 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
MS/SEP #2 GP, L.C.	~~16830 VENTURA BLVD.~~, 16133 VENTURA BLVD, #1400	ENCINO CA 91436	L97000000589

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****526.25 ****526.25

clcc

CR2E003 (8/98)

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 SEE ATTACHED SIGNATURE BLOCK DATE

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number