## HILE UN UR 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 28 AM 8:53

1. Name of Limited Partnership	A96000021	N		1/12				
POWERLINE WEST INVESTME								
				ann wenn wenn wante adna itan itang 1841 Erët				
Mailing Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.  \$49,000.00  5b. Amount of Capital Contributions in FLORIDA to date:				
3195 N. POWERLINE ROAD, SUITE 104 POMPANO BEACH FL 33069			12/02/1996 3a. Date of Last Report					
			01/07/1998					
2. Mailing Address			4. State or Country of Formation					
Suite, Apt, #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	انت			
City & State	City & State		65-0733497	Not Applicable				
Zip Country	Zip C	ountry	7. Certificate of Status Desired	\$8.75 Additional Fee Required				
			8. Make check payable to: Dept. of 3	State (See reverse side (or fee informati	an, Z			
9. Name and Address of Current R	egistered Agent	Name 🙃	10. If changed, new Registered	Agent/Office				
BRENNER, SCOTT F		KUDOLF BOEHM . TRESIDENI						
3195 N. POWERLINE ROAD		Street Address (P.O. Box Number Is Not Acceptable) 1130. \$ POWERLINE ROAD  Suite, Apt. #, etc.						
DOMADNO DEACH EL COCCO								
	DEERH	ELD BEACH FL 33442						
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florida.	mited partnership organ Such change was autho	ized or registered under the laws of the orized by its general partner(s). I hereby	State of Florida, submits this statement accept the appointment of registered	t			
SIGNATURE (Registered Accept Accepting Appointment)	Ludolf Boels	m =	DATE	12-23-98				
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 Property (De NOT Use Post Office Box N		City, State & Zip Code	11c. Registration/				
EXECUTIVE PROPERTIES, INC.	1100 S. POWERLINE ROA	DEE	RFIELD BEACH FL 33	P94000074980	358/98)			
				34 <sup>3,1</sup>	CRZEE C			
			100008	2750951	1			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. 1do 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. 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.

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Typed or Printed Name of General Partner Signing Form

-01/22/99--01006--007 \*\*\*\*481.75 \*\*\*\*431.75