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

1. Name of Limited Partnership

DOCUMENT# A97000000670

FILED

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SECRETARY OF STATE TALLAHASSEE. FLORIDA

PANTHERS BRHC LIMITED						
Mailing Address 450 E. LAS OLAS BLVD. FORT LAUDERDALE FL 33301	Principal Office Address 450 E. LAS OLAS BLVD. FORT LAUDERDALE FL 33301		3. Date Formed or Registered 03/20/1997 3a. Date of Last Report 01/08/1998	5a. Capital Contributions as Shown on record. \$120,903,746.00 5b. Amount of Capital Contributions in FLORIDA to date: \$120,903,746.00 2249 Applied For Not Applicable		
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.		FL 6. FEI Number (55-076) AP-PHED FOR			
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required f State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent AMERICAN INFORMATION SERVICES, INC. ONE S.E. THIRD AVENUE, 27TH FLOOR MIAMI FL 33131		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc01/13/3901056024 City *****526.25 ****528.25 **				
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 SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT I MUST	istered agent, or both, in the State of Florid section 620,192, Florida Statutes.	a. Such change was auth	DATE_	accept the ap	pointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 11b	City, State & Zip Code	11c.	Registration/ Document Number	
PANTHERS BRGP CORPORATION BOCA RATON HOTEL AND CLUB LI	450 E. LAS OLAS BLVD. 501 EAST CAMINO ROAD		FORT LAUDERDALE FL 33 BOCA RATON FL 33432		P97000025159	
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Note: General partners MAY NOT	be changed on this form	; an amendme	ent must be filed to cha	nge a ge	eneral partner.	
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S this annual report is true and accurate and that my signs empowered to execute this report as require 5; chapte	filing is voluntarily furnished and does not o action 119.07(3)(k) in the event that the info ture shall have the same legal effects as if	qualify for the exemption	stated in Section 119.07(3)(k), Florida St ned exempt from public access. I further er certify that I am a General Partner of t	atutes. I releas certify that the	e the Division of information indicated on	
SIGNATURE			DATE			
Typed or Printed Name of Gengral Partner Signing Form						