


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</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> <b>SECRETARY OF STATE</b> <b>DIVISION OF CORPORATIONS</b>  98 DEC 10 AM 9: 58  12/14	
<b>1. Name of Limited Partnership</b>  <b>S.M. FAMILY LIMITED PARTNERSHIP, LTD.</b>		<b>1a. DOCUMENT #</b> <b>A97000000679</b>			
<b>Mailing Address</b>  3510 CORAL WAY, SUITE 200 MIAMI FL 33145		<b>Principal Office Address</b>  3510 CORAL WAY, SUITE 200 MIAMI FL 33145		<b>3. Date Formed or Registered</b> 03/21/1997 <b>3a. Date of Last Report</b> 12/11/1997 <b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>2a. Principal Office Address</b>  Suite, Apt. #, etc.  City & State  Zip                      Country		<b>5a. Capital Contributions as Shown on record.</b>  \$1,437,000.00  <b>5b. Amount of Capital Contributions in FLORIDA to date:</b>  <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable  <b>6. FEI Number</b> 65-0806584 <del>APPLIED FOR</del> <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>9. Name and Address of Current Registered Agent</b>  RESTREPO, DARIO 3510 CORAL WAY, SUITE 200 MIAMI FL 33145				<b>10. If changed, new Registered Agent/Office</b>  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City                      FL                      Zip Code	
<b>10a.</b> 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) _____ DATE _____					
<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>  DE MORA, SONIA  MORA, RODRIGO		<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  3510 CORAL WAY, SUITE  3510 CORAL WAY, SUITE		<b>11b. City, State &amp; Zip Code</b>  MIAMI FL 33145  MIAMI FL 33145	
				<b>11c. Registration/ Document Number</b>  000002716690--9 -12/18/98--01098--021 ****526.25 ****526.25	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
<b>12.</b> 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 <u>Rodrigo Mora M.</u> DATE Dec. 8, 1998 Typed or Printed Name of General Partner Signing Form <u>Rodrigo Mora M.</u> Daytime Telephone Number <u>(305) 445-9555</u>					

CR2E003 (8/98)