

**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

98 DEC 23 PM 4: 01

SECRETARY OF STATE

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000701

**THE BERNARDO FORT AND LAURINDA SPEAR FAMILY
LIMITED PARTNERSHIP**



| | | | | | |
|---|---------|--|---------|---|---|
| Mailing Address 550 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131 | | Principal Office Address 550 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131 | | 3. Date Formed or Registered 03/26/1997 | 5a. Capital Contributions as Shown on record. \$5,000,000.00 |
| 2. Mailing Address | | 2a. Principal Office Address | | 3a. Date of Last Report 05/05/1998 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. State or Country of Formation FL | 5b. Amount of Capital Contributions in FLORIDA to date: |
| City & State | | City & State | | 6. FEI Number 65-0737566 | |
| Zip | Country | Zip | Country | 7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | 8. Make check payable to: Dept. of State (See reverse side for fee information) |
| | | | | 8.75 Additional Fee Required | |

| | | | |
|---|--|--|----------|
| 9. Name and Address of Current Registered Agent FORT, BERNARDO 550 BRICKELL AVENUE, SUITE 200 MIAMI FL 33131 | | 10. If changed, new Registered Agent/Office | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | Suite, Apt. #, etc. | |
| | | City | Zip Code |
| | | FL | |

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)

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 |
|-----------------------------------|---|-----------------------------|------------------------------------|
| FORT, BERNARDO | 550 BRICKELL AVENUE, | MIAMI FL 33131 | |
| FORT, LAURINDA S | 550 BRICKELL AVENUE, | MIAMI FL 33131 | |

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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

Bernardo Fort

DATE 12/17/98

Typed or Printed Name of General Partner Signing Form

BERNARDO FORT

Daytime Telephone Number

(305) 372-1812

CR2E003 (8/98)