

**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
---	---	---

RECEIVED
99 JAN 12 11 10 AM
STATE OF FLORIDA
DIVISION OF CORPORATIONS

1. Name of Limited Partnership MANOR LANE DEVELOPMENT, LTD.	1a. DOCUMENT # A97000000810
---	--



Mailing Address 6370 MANOR LANE SOUTH MIAMI FL 33143	Principal Office Address 6370 MANOR LANE SOUTH MIAMI FL 33143
2. Mailing Address 6358 Manor lane Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address 6358 Manor lane Suite, Apt. #, etc. City & State Zip Country

3. Date Formed or Registered 04/11/1997 3a. Date of Last Report 01/05/1998 4. State or Country of Formation FL 6. FEI Number 65-0745306	5a. Capital Contributions as Shown on record \$20,000.00 5b. Amount of Capital Contributions in FLORIDA to Date 20,000 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to Dept. of State (See reverse side for fee information)
--	---

9. Name and Address of Current Registered Agent SIMON, GARY P ESQ. 9100 S. DADELAND BLVD., SUITE 504 MIAMI FL 33156-7815	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
--	--

FF \$228.75
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) MANOR LANE DEVELOPMENT CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6370 MANOR LANE	11b. City, State & Zip Code SOUTH MIAMI FL 33143	11c. Registration Document Number P97000032492
--	---	--	--

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)(b), 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  DATE 12-31-98
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____