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

1a. DOCUMENT # A9700000840

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT 12 PM 4: 10

\	A9700000040			
ROSENFELD ASSOCIATES,	LTD.			
Malling Address	Principal Office Address	3. Date Formed or Re	egistered 5a. Capital Contributions as Shown on record.	
3871 POINCIANA DR., APT. 103	3871 POINCIANA DR., APT. 103	04/10/1997		
LAKE WORTH FL 33467	LAKE WORTH FL 33467	3a. Date of Last Rep		
		12/12/1997 4. State or Country of	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address	FL	1,733,504.77	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	6. FEI Number	Applied For	
City & State	City & State	65-0741198	Not Applicable	
Zip Country	Zip Country		Fee Required	
<u> </u>		8, Make check payabl	le to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		10, If changed, no	10, If changed, new Registered Agent/Office	
ROSENFELD, ABRAHAM 3871 POINCIÀNA DR., APT. 103 LAKE WORTH FL 33467		Street Address (P.O. Box Number to Not Acceptable). 2.16 PALM BEACH LAKES BLVD Sulta, Apt. #, etc. RAYMOND OFFICE PLATA Rm 304 City WEST PALM BEACH ET 29 Code		
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligate SIGNATURE (Registered Agent Accepting Appointment),	and 620.192, Florida Statutes, the above-named limited por registered agolit, or both, in the State of Florida. Such ditions of keyligh 970.192, Florida Statutes.	varinership organized or repistered under t change was authorized by its general partr	the laws of the State of Florida, submits this statement her(s). I hereby accept the appointment of registered	
A GENERAL PARTNER THA	AT IS A CORPORATION, LIMIT IST BE REGISTERED AND AC	ED PARTNERSHIP OR TIVE WITH THIS OFFI	OTHER BUSINESS ENTITY CE.	
11. Name(a) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbe	11b. City, State & Zip Co	ode 11c. Registration/ Document Number	
ROSENFELD, ABRAHAM	3871 POINCIANA DR., A	LAKE WORTH FL 3346		
ROSENFELD, DAVID	203 YOAKUM PARKWAY, #	ALEXANDRIA VA 2230-	4	
		700	0026639974 -10/14/8801085011 *****528.25: ****\$26.25	
Note: General partners MAY NO	OT be changed on this form; an a	amendment must be file	d 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

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE .

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