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 # A9700000909

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

	A3700000C	1000	TALLAHASSI	TALLAHASSEE, FLORIDA	
HOLLYWOOD (CSC-MANAGEN					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
200 S. PARK ROAD. #200 HOLLYWOOD FL 33021	200 S. PARK ROAD. #200 HOLLYWOOD FL 33021		04/24/1997 3a. Date of Last Report 12/12/1997	\$100.00	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date;	
2. Mailing Address	2a. Principal Office Address		FL	\$100.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		65-0783987	Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	XXX \$8.75 Additional Fee Required	
<u> </u>	<u> </u>		8. Make check payable to: Dept. of S	State (See reverse side for fee information)	
9. Name and Address of Current F	egistered Agent		10. If changed, new Registered	Agent/Office	
PASTERNACK, MARSHALL R					
1221 BRICKELL AVE., SUITE 2100	Street Address (P.O. B		(P.O. Box Number Is Not Acceptable)	3ox Number Is Not Acceptable)	
MIAMI FL 33131			19 () (L) (n)	1).12.15	
	City		M W III	Zip Code	
		<u></u>	V° FL		
10a. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.1051, in the State of 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)DATEDATE					
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 (Do NOT Use Post Office B	al Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/	
HOLLYWOOD, INC. (CSC-MANAGME]		HOLLYWOOD FL 33021	P97000036930	
OREG OL Management	Inc.		200002 -01/15. *****15	P9700036930 7445525 /9901108005 50.00 *****150.00	
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) 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. By: Hollywood, Inc. (CSO Manualgement) SIGNATURE					
Find on Eddard Name of Council Partner State Form Michael Street dlow President Double Taleston Number (954) 981-1000					