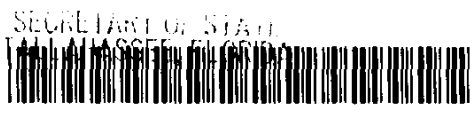


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
99 MAR -4 PM 3: 37



<b>1. Name of Limited Partnership</b>  THE HARRY W. HERZOG FAMILY LIMITED PARTNERSHIP	<b>1a. DOCUMENT #</b> <b>A97000001080</b>
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<b>Mailing Address</b> 5380 NORTH OCEAN DR. PH H SINGER ISLAND FL 33404	<b>Principal Office Address</b> 631 U.S. HIGHWAY ONE, SUITE 410 NORTH PALM BEACH FL 33408	<b>3. Date Formed or Registered</b> 05/13/1997	<b>5a. Capital Contributions as Shown on record</b> \$0.00
		<b>3a. Date of Last Report</b> 12/01/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date</b>
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>6. FEI Number</b> APPLIED FOR 665-0757220 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. City & State Zip Country	Suite, Apt. #, etc. City & State Zip Country	<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> COLTON, SCOTT M ESQUIRE 631 US #1, SUITE 410 NORTH PALM BEACH FL 33408	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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**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
HERZOG, HARRY W	5380 NORTH OCEAN DR.	SINGER ISLAND FL 3340	400002803104--1 -03/11/99--01110--015 ***150.00 ****150.00 SC 3-10-99

**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  DATE 2-15-99  
 Typed or Printed Name of General Partner Signing Form **HARRY W. HERZOG** Daytime Telephone Number 561-842-0495

CR2E003 (12/93)