


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 4380 VIREO MORTGAGE HOLDINGS LTD		1a. DOCUMENT # A97000001143 99-AR/cus cm	
Mailing Address 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON FL 33414	Principal Office Address 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON FL 33414	3. Date Formed or Registered 05/21/1997	5a. Capital Contributions as Shown on record. \$20,000.00
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 02/19/1998	5b. Amount of Capital Contributions in FLORIDA to date: 20,000
City & State	City & State	4. State or Country of Formation FL	6. FEI Number 65-0763828 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

FILED
98 OCT -6 PM 1:43

TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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) 4380 VIREO MORTGAGE LLC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 700 SOUTH OCEAN BLVD	11b. City, State & Zip Code BOCA RATON FL 33432	11c. Registration/ Document Number M97000000290 200002661572-4 -10/12/98--01127--021 ****237.50 ****237.50

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)(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

Michael Sherry - for 4380 VIREO MORTGAGE LLC

DATE

9/18/98

Typed or Printed Name of General Partner Signing Form

MICHAEL SHERRY -

Daytime Telephone Number

914 743 1743