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

## LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



## FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** 

FILED 99 MAR 18 PM 12: 54



Principal Office Address  12445 KEYSTONE ISLAND DRIVE NORTH MIAMI FL 33181	3. Date Formed or Registered 06/20/1997 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$3,000.000.00
2a. Principal Office Address	09/22/1997  4. State or Country of Formation  FL	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.  City & State	6, FEI Number 65. 076 APPLIED FOR	Applied For Not Applicable
Zip Country		\$8.75 Additional Fee Required
Suite,  City  1051 and 620.192, Florida Statutes, the above-named limited pflice or registered agent, or both, in the State of Florida Such digations of section 620.192, Florida Statutes	Apt #, etc.	eby accept the appointment of registered
<u>MUST BE REGISTERED AND AC</u>	TIVE WITH THIS OFFICE.	·····
11a. (Do NOT Use Post Office Box Numbers  12445 KEYSTONE ISLAND	NORTH MIAMI FL 33181	11c. Registration/ Document Number  P97000039772
	Francisco 5-03/2 4-24-99***	98209284 6/8901129-007 526.25 ****526.25
	12445 KEYSTONE ISLAND DRIVE NORTH MIAMI FL 33181  2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country  Current Registered Agent  Name  Street  Suite, City  1051 and 620.192, Florida Statules, the above-named krnited puffice or registered agent, or both, in the State of Florida Such biligations of section 620.192, Florida Statules  nent)  HAT IS A CORPORATION, LIMIT MUST BE REGISTERED AND AC  11a. (Do NOT Use Past Office Box Numbers	Principal Office Address  12445 KEYSTONE ISLAND DRIVE NORTH MIAMI FL 33181  2a. Principal Office Address  2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip  Country  10, If changed, new Registered  Name Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  Suite, Apt. #, etc.  Indice or registered agent, or both, in the State of Florida. Such change was authonized by its general partner(s). I here biligations of section 620.192, Florida Stalutes  PATTIES A CORPORATION, LIMITED PARTNERSHIP OR OTH  HAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTH  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. (Do NOT Use Post Office Box Numbers)  12445 KEYSTONE ISLAND  NORTH MIAMI FL 33181

from any kability 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 sharp 600. Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number