## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SECRETARY OF STATE DIVISION OF CORPORATIONS

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Auditory Address Principal Chica Address Principal Chi	1. Name of Limited Partnership  1a. DOCUMENT#  A9700001513						
Mainry Address:    Principal Office Address   Principal Office Address   Principal Office Address   Principal Office Address   Port LulpERDALE FL 33309   Sa. Capits Contributions as Solven on record.		A3700001	010				
Maling Address  1500 N.W. 48TH STREET. SUITE 500  PORT LAUDERDALE R. 33309  2. Mailting Address  3. Coas of Less Report  4. Suite of Country of Formation  F. Suite, Apr. F. etc.  5. Fre Number  6. Fre Number	OUNTAIN VIEW, ETD.						
1800 N.W. 49TH STREET. SUITE 500 PORT LAUDERDALE PL 30099  38. Close of Lan Report  4. State of Country of Formation Fig. Control of State (Sea Report and Control of State (Sea Report and Control of State (Sea Report and Address)  5b. Anomary of Cachiga (Jordian Control of State (Sea Report and Address)  5c. Port Lauder of State (Sea Report and Address)  7c. Contribute of State (Sea Report and Address)  8c. Text Number  9c. Name and Address of Corner Registered Agent  10c. If changed, new Registered Agent Office  8c. Make chack payable to Days of State (Sea Reports and Address)  8c. Reference of State (Sea Reports and Address)  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name and Address of Corner Registered Agent Office  9c. Name Address of Corner Registered Agent Acceptable to Corner Registered Agent Agent Office  9c. Name Agent Agent Agent Agent Office  9c. Name Agent Agent Agent Office  9c. Name Agent Agent Agent Office  9c. Name Agent Agent Office  9c. Name Agent Office	Mailing Address	Principal Office Address		<del></del>	<b>5a.</b> Cap	ital Contributions as	
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28. Principal Office Address Suite, Apt. #, etc.  Suite, Apt. #, etc.  Cry & State  Sp. Name and Address of Current Registered Agent  Name  Sp. Name and Address of Current Registered Agent  Name  Sinest Address (P.O. Box Number is Not Acceptable to: Dept. of State (See reverse adds for fee Information Processes)  Sinest Address (P.O. Box Number is Not Acceptable)  Cry FL Zip Code  To the purpose of Address (P.O. Box Number is Not Acceptable)  Sinest Address (P.O. Box Number is Not Acceptable)  Sinest Address (P.O. Box Number is Not Acceptable)  Sinest Address (P.O. Box Number is Not Acceptable)  Date Try Address (P.O. Box Number is Not Acceptable)  Date Try Address (P.O. Box Number is Not Acceptable)  Date Try Address (P.O. Box Number is Not Acceptable)  Sinest Address (P.O. Box Number is Not Acceptable)  Date Try Address (P.O. Box Number is Not Acceptable)  Date Try Address (P.O. Box Number is Not Acceptable)  Date Try Address (P.O. Box Number is Not Acceptable)  Sinest Address					5b. Amo	ount of Capital tributions in FLORIDA	
Suite, Apt. #, etc.  City & State  Sovered and Address of Current Registered Agent  To, if changed, new Registered Agent Collect  BOYLE, CONRAD J  500 EAST BROWARD BLVD., SLITE 1950  FT. LAUDERDALE FL 33394  City FL Collection of State State Collections of the International City State Collections of the City State Collection City State Collections of the City State Collection City State Collections of the City State Collections City Research  State Agriculture of the Research Registered Agent Collections City State Collections City Research City Research City Research City Research City Research City Research City State Collections City Research Cit	2. Mailing Address	28. Principal Office Address	ŕ	n tod	ate <sup>.</sup>		
City & State    Country   Zip   Zi	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
Summary   Summ	City & State	City & State			Not Applicable		
9, Name and Address of Current Registered Agent  BOYLE, CONRAD J 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394  Suite: Apt. #, etc.  City  FL  Zip Code  The purpose of changing its registered office or registered sport, or both, in this State of Fordida Stut/es, the above narrord limited partnership organized or registered under the laws of the State of Fordida, submist in the statem for the purpose of changing its registered office or registered sport, or both, in this State of Fordida Stut/es. The above narrord limited partnership programated or registered under the laws of the State of Fordida Stut/es. The above narrord limited partnership programated or registered under the laws of the State of Fordida Stut/es the appointment of registered agent, it is female with, and accept the obligations of section 600 192. Fordida Stut/es.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Neme(a) of General Partner(s)  11a. (Do NOT use Post Office Box Numbers)  The Address of Each General Partner  MILITARY TRAIL APARTMENTS, I  1500 N.W. 49TH STREET  FORT LAUDERDALE FL 33  P96000082044  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner  12. So benefit that the information supplied with this life a violutarity further over the information supplied with this life a violutarity further over the information supplied with this life a violutarity further over the properties for the state of the information supplied with this life a violutarity further over the information supplied with this life a violutarity further over the information supplied with this life a violutarity further over the information supplied with this life a violutarity further over the information supplied with this life a violutarity further over the information supplied with this information indicated the formation supplied is the and over	Zip Country	Country Zip Country			8. Make check payable to: Dept. of State (See reverse side for fee Information)		
BOYLE, CONRAD J 500 EAST BROWARD BLVD., SUITE 1950 FT. LAUDERDALE FL 33394  10a, Pursuant to the provisions of sections 670 1051 and 670 192. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submiss this statement for the purpose of changing its registered office or registered agent. I am femiliar with, and accept the obligations of sections 670 192. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submiss this statement for the purpose of changing its registered office or registered agent. I am femiliar with, and accept the obligations of section 670 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  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, (Ox NO) Use Part Office Box Number(s)  11b, City, State & Zip Code  11c, Registration/Decument Number  MILITARY TRAIL APARTMENTS, I  1500 N.W. 49TH STREET  FORT LAUDERDALE FL 33  P96000082044  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner  12. So benefity that the information supplied with this lifety is vicinities of the event from tested in Section 119 07(3)(i). Florida Statute. I release the Director of the exposurement of the provision register or true reprovements the information supplied with this lifety is event from the event fruit the information supplied is deemed everyption public access. Hurther criffy that the information indicated this annual register for the event fruit the information supplied is deemed everyption public access. Hurther criffy that the information indicated in amendment in a contact is in a decreased in the information indicated in amendment in the control of the provision of the employment of the event fruit in enformation supplied is deemed everyptioned in the case in the formation i	0						
Size Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  State. Apt. #, etc.  City  FL  Zip Code  To the provisions of sections 670 1051 and 670 192. 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 fix 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 register agent. I am femiliar vilit, end accept the obligations of section 670 192. Florida Statutes.  SIGNATURE (Registered Agent Acceptang Appointment)  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)  12							
Side. Apt. #, etc.  City  FL  Zip Code  Toa, 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 of the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registere agent. I am femiliar with, and accept the obligations of section 620 192. Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  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. (Do NOT Use Post Office Box Numbers)  MILITARY TRAIL APARTMENTS, I  1500 N.W. 49TH STREET  FORT LAUDERDALE FL 33  P980000082044  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner florida. Statutes I release the Division of general proporations from any visibility of non-compliance with Station 11907(3)(s), in the event that the information supplied with this liting is voluntarily furnished and does not qualify for the event on stated in Section 119 07(3)(s), Florida Statutes. I release the Division of the proporations from any visibility of non-compliance with Section 119 07(3)(s), in the event that the information supplied with this liting is voluntarily furnished and does not qualify for the event on stated in Section 119 07(3)(s), Florida Statutes.  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner for two empowered to execute the report as required by chapter 260. Florida Statutes.	500 EAST BROWARD BLVD., SUITE 1950		Street Address (P.O. Box Number Is Not Acceptable)				
10a, Pursuant to the provisions of sections 620 1051 and 820 192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statems 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 register egent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes.  INTELLATION OF THE REGISTER OF ACCEPTION OF THE PROPRESS O			Suite, Apt. #, etc.				
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 stateme 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 registere agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partner(s)  11a. Additions of Sech General Partner (IDo NOT Use Post Office Box Numbers)  MILITARY TRAIL APARTMENTS, I  1500 N.W. 49TH STREET  FORT LAUDERDALE FL 33  P96000082044  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner  12. do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the eveription stated in Section 119 07(3)(s), Florida Statutes. I release the Division of proporations from any reability of non-compliance with Section 119 07(3)(s), Florida Statutes. I release the Division of proporations from any reability of non-compliance with Section 119 07(3)(s), Florida Statutes. I release the Division of reported to execute this report as required by chapter 620. Florida Statutes.			City	<del></del>	Zíp Code		
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner  12. 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 tability 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 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 true empowered to execute this report as required by chapter 620. Florida Statutes.	11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office B	ox Numbers)	11b. City, State & Zip Code	11c.	Document Number	
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