

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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 15 AM 3:15

1. Name of Limited Partnership 222 ASSOCIATES, LTD.		1a. DOCUMENT # A97000001561	
2. Mailing Address P.O. BOX 1544 BOCA RATON FL 33429-1544		2a. Principal Office Address P.O. BOX 1544 BOCA RATON FL 33429-1544	
3. Date Formed or Registered 07/15/1997		5a. Capital Contributions as Shown on record \$5,331,650.00	
3a. Date of Last Report 01/02/1998		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0772570	
7. Certificate of Status Desired <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			



9. Name and Address of Current Registered Agent SCHROEDER, MICHAEL A ESQ. C/O SCHROEDER AND LARCHE, P.A. 2255 GLADES ROAD, SUITE 319 ATRIUM BOCA RATON FL 33431		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 100002784161--7 Suite, Apt. #, etc. -02/23/99--01034--012 City ***393.75 ***141.25 FL Zip Code 393.75	
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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) 222 ASSOCIATES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2255 GLADES RD, STE.	11b. City, State & Zip Code BOCA RATON FL 33431	11c. Registration/Document Number P97000060925
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***141.25 ***141.25

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

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number