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

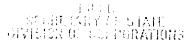
LIMITED PARTNERSHIP **ANNUAL REPORT** 1000



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State



1999	DIVISION OF COR	PORATIONS	QQ APR	-9 ANII:21
1. Name of Limited Partnership	1a. DOCUMENT # A9700001829			
SMALL WORLD INVESTMENTS				T 8511 8511 8611 8515 1861 1861 1861 1861
Mailing Address 7710 N.W. 71ST COURT . SUFFE 206 TAMARAC FL 33321	Principal Office Address 7710 N.W. 71ST COURT , SUITE 206 TAMARAC FL 33321		. Date Formed or Registered 08/25/1997 a. Date of Last Report 07/10/1998	5a. Capital Contributions as Shown on record \$21,800.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address Suite, Apt. #, etc. City & State	2a. Principal Office Address Suite, Apt #, etc.		State or Country of Formation FL FE! Number 65-08-45 APPLIED FOR	to date
Zip Country	Zip Coun	7. Certificate of Status Desired Country 8. Make check payable to Dept. of		\$8.75 Additional Fee Required State (See reverse side for tue information)
for the purpose of changing its registered office or registered agent, or both, in the State of I agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Lip Code Ted Imited partnership organized or registered under the laws of the State of Florida, submits this statement onda. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.		
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	S A CORPORATION, LIM BE REGISTERED AND A	ITED PARTN	ERSHIP OR OTHE THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numb		City, State & Zip Code	11c. Registration/ Document Number
ARNOLD, LAURENCE I AR AR AR AR AR AR AR AR AR A	7710 N.W. 71ST COURT 154,00 88.75	TAM		(8) 4) (2) 5 4) 81 53 3/3301030003 42.75 ****242.75
Note: General partners MAY NOT b	e changed on this form; an	amendment	must be filed to cha	inge a general partner.
12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.07(a	ling is voluntarily furnished and does not qualify for	or the exemption stated i	n Section 119 07(3)k). Florida Sta	tutes Trelease the Division of Corporations

s if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to is true and accurate and that my signature shall have to

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number