FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra, T. Mortham ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 FEB -8 AM 8: 03 **DOCUMENT#** 1. Name of Limited Partnership SECRETARY OF STATE TALLAHASSEE, FLORIDA A97000001830 **SMIGIEL PARTNERS** V. LTD. CAMENIMENT FILED 8/17/18) 5a. Capital Contributions as 3. Date Formed or Registered Principal Office Address 08/25/1997 P.O. BOX 540823 7965 LANTANA ROAD \$1,000.00 LAKE WORTH FL 33454 LAKE WORTH FL 33467 3a. Date of Last Report 1000,00 02/09/1998 Amount of Capital
Contributions in FLORIDA 4. State or Country of Formation 6. FEI Number Applied For 65-0716547 Not Applicable 7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent SMIGIEL, GARY 87 17TH AVE., S. LAKE WORTH FL 33460 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 and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Regis A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY A GENERAL PARTNER THAT IS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ Document Number 11c. 11. Name(s) of General Partner(s) City, State & Zip Code **LEVITT-ANSCA HAGEN RANCH PAR** 7777 GLADES ROAD, SUI **BOCA RATON FL 33434** GP9800000530

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12.	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
	rporations 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
	s annual report is true and accurate and that rgy signatible 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
	powered to execute this report as required by chapter (\$40, Florida Statutes.
SIG	ATURE \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

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****500.35 *****95.69

JEFF HOYDS