


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. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership BISCAYNE 135 LTD.		1a. DOCUMENT # A97000001918		
Mailing Address 19401 WEST DIXIE HIGHWAY MIAMI FL 33180		Principal Office Address 19401 WEST DIXIE HIGHWAY MIAMI FL 33180		3. Date Formed or Registered 09/05/1997
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 03/26/1998
				4. State or Country of Formation FL
				5a. Capital Contributions as Shown on record. \$100,000.00
				5b. Amount of Capital Contributions in FLORIDA to date:
				6. FEI Number 65-0778643 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				8. Make check payable to: Dept. of State (See reverse side for fee information)

*FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 10 PM 4:19

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9. Name and Address of Current Registered Agent KEYSTONE PARTNERSHIP, INC. 19401 WEST DIXIE HIGHWAY MIAMI FL 33180		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
KEYSTONE PARTNERSHIP, INC.	19401 WEST DIXIE HIGH	MIAMI FL 33180	P93000055846
500002722755 -12/28/98-01008-008 ****526.25 ****526.25			

CR25003 (8/98)

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

President

DATE

12/4/98

Typed or Printed Name of General Partner Signing Form

MARIO GROSSELD, Keystone Partnership Inc. 305 933 7100
President