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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED 99 FEB 12 Ali 9: 18

| S /ENUE Address Country | 3. Date Formed or Registered 10/06/1997 3a. Date of Last Report 03/30/1998 4. State or Country of Formation FL 6. FET Number 65-0795559 7. Certificate of Status Desired 8. Make check payable to Dept of | 5a. Capital Contributions as Shown on record \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date # # # # # # # # # # # # # # # # # # # |
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| /ENUE Address | 10/06/1997 3a. Date of Last Report 03/30/1998 4. State or Country of Formation FL 6. FET Number 65-0795559 7. Certificate of Status Desired | \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date |
| | FL 6. FEI Number 65-0795559 7. Certificate of Status Desired | Applied For Not Applicable \$8.75 Additional Foe Required |
| Country | 65-0795559 7. Certificate of Status Desired | Not Applicable \$8.75 Additional Fee Required |
| Country | | \$8.75 Additional Fee Required |
| | | |
| Name Street Address (I | 10. If changed, new Registered A | \genVOffice |
| e State of Florida Such change wattatutes | DATE | y accept the appointment of registered |
| RED AND ACTIVE | WITH THIS OFFICE. | Panistration |
| Each General Partner Post Office Box Numbers) TH AVENUE | 1b, City, State & Zip Code MIAMI FL 33144 | 11c. Document Number P97000011266 |
| 71ST AVENU | MIAMI FL 33155 シロロロロ2 -02/19 らし、************************************ | P9700049901 781178 |
| | | 900002 -02/19 500002 |

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 plumpt 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

Typed or Printed Name of General Partner Signing F

Torge L. Cousaon

DAT

ne Telephone Number

2/9/99 3/25-667-0001