

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 16 AM 10:20



1. Name of Limited Partnership BUCKLER ARCHITECTS, LTD.	1a. DOCUMENT # A97000002422
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Mailing Address 360 MINORCA AVENUE CORAL GABLES FL 33134	Principal Office Address 360 MINORCA AVENUE CORAL GABLES FL 33134	3. Date Formed or Registered 11/06/1997	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address 100 MADEIRA AVENUE	2a. Principal Office Address 100 MADEIRA AVENUE	3a. Date of Last Report 05/04/1998	5b. Amount of Capital Contributions In FLORIDA to date.
Suite, Apt. #, etc. SUITE NO. 1	Suite, Apt. #, etc. SUITE NO. 1	4. State or Country of Formation FL	6. FEI Number 65-0731421 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State CORAL GABLES, FL	City & State CORAL GABLES, FL	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)
Zip 33134	Country		

9. Name and Address of Current Registered Agent DOYLE, MARTIN E 9344 N.W. 13TH STREET, STE 200 MIAMI FL 33134	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002643545--B Suite, Apt. #, etc. -09/18/98--01075--003 City ***141.25 ***141.25 FL
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GUTIERREZ, CRISTINA	360 MINORCA AVE 100 MADEIRA AVE STE. 1	CORAL GABLES FL 33134	AA-0002333

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 *Cristina Gutierrez* DATE **9.10.98**
 Typed or Printed Name of General Partner Signing Form **CRISTINA GUTIERREZ** Daytime Telephone Number **305.442.8410**

CR2E003 (8/98)