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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # **A9700002458**

SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JAN -5 AMIL: 28

December 31, 1998

941-954-2300

	A97000002458				
PLAZA DE FLORES FINANCE, LTD.			901/22		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2 NORTH TAMIAMI TRAIL -SUITE-710 SARASOTA FL 3423 6	2 NORTH TAMIAMI TRAIL -QUITE-710 SARASOTA FL 34236		11/03/1997 3a. Date of Last Report 12/18/1997	\$1,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
same	Same		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 210		6. FEI Number (\$5-083" AP-PLIED FOR	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zip Country		7 - Certificate of Status Desired \$8.75 Additional Fee Required		
same	same		8. Make check payable to: Dept. of S	8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
MESSICY POPERT E ESO		Name			
MESSICK, ROBERT E ESQ. ICARD, MERRILL, ET AL		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
CADACOTA EL 24227		City			
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)					
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box			11c. Registration/	
PLAZA DE FLORES DEVELOPMENT	2 NORTH TAMIAMI TRAIL		SARASOTA FL 34236	P96000096346	
			300002 -01/26/ *****14	/\$9 01051002	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
12. It is 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 require 620, Florida Statutes.					

Sol Roter, President, Plaza De Flores Daylime Telephone Number