## 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

**DOCUMENT#** A97000002465

98 DEC -7 PM 2: 22

CLUB APTS., LTD.							
Mailing Address	Principal Office Address			Date Formed or Registered     Shown on record.		tal Contributions as	
1401 BRICKELL AVENUE, SUITE 590 MIAMI FL 33131	1401 BRICKELL AVENUE, SUITE 530 MIAMI FL 33131			11/13/1997 3a. Date of Last Report 03/26/1998	\$1,800,000.00  5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:		
	Sulte, Apt. #, etc.			6. FEI Number 65-0803253	Applied For Not Applicable		
City & State	City & State			7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip Country			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			
FRIEDMAN, MICHAEL D  1401 BRICKELL AVENUE, SUITE 530  MIAMI FL 33131  10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-named for the purpose of changing its registered office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes.		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Lip Code  d limited partnership organized or registered under the laws of the State of Florida, submits this statement da. Such change was authorized by its general partner(s). I hereby accept the appointment of registered					
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)	Address of Each General P	artner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
FRIEDMAN, MICHAEL D	1401 BRICKELL AVENUE,		MIAMI FL 33131				
•				3000027 -12/09/5 ****52	082 8-01 6.25	1632 116020 ****\$26.25	

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 fifing 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 eightfure 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

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form

Michael D. Friedman

(305)372-9800 Daytime Telephone Number