

**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

99 MAR 10 AM 10:44

1. Name of Limited Partnership LEIBOWITZ PROPERTIES, LTD.	1a. DOCUMENT # A97000002474
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Mailing Address 6202 ROYAL POINCIANA LANE TAMARAC FL 33319	Principal Office Address 6202 ROYAL POINCIANA LANE TAMARAC FL 33319	3. Date Formed or Registered 11/14/1997	5a. Capital Contributions as Shown on record \$655,000.00
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 12/30/1997	5b. Amount of Capital Contributions in FLORIDA to date: 655,000.00
		4. State or Country of Formation FL	6. FEI Number 65-0797487 <input checked="" type="checkbox"/> APPLIED FOR <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)

9. Name and Address of Current Registered Agent A Z REGISTERED AGENT CORPORATION 2601 S. BAYSHORE DRIVE, SUITE 1600 MIAMI FL 33133	10. If changed, new Registered Agent/Office Name
	Street Address (P.O. Box Number) 31000241517251-51
	Suite, Apt. #, etc. 03/23/99-01084-024
	City ***526.25 ***526.25 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) LEIBOWITZ MANAGEMENT CO., IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6202 ROYAL POINCIANA	11b. City, State & Zip Code TAMARAC FL 33319	11c. Registration/Document Number P97000097235
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3/10/99

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 *[Signature]* DATE **3/8/99**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)