



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 (POSTED) 98 NOV -9 PM 1:34 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Name of Limited Partnership P P Z, LTD.		1a. DOCUMENT # A97000002726			
Mailing Address 735 COLORADO AVENUE, SUITE 6 STUART FL 34994		Principal Office Address 735 COLORADO AVENUE, SUITE 6 STUART FL 34994		3. Date Formed or Registered 12/16/1997 3a. Date of Last Report 12/22/1997 4. State or Country of Formation FL	
2. Mailing Address P.O. Box 2771 Suite, Apt. #, etc.		2a. Principal Office Address 218 Royal Palm Way Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$2,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
City & State Palm Beach FL Zip 33480 Country USA		City & State Palm Beach FL Zip 33480 Country USA		6. FEI Number 65-0808539 <input type="checkbox"/> Applied For AP-PLIED 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 HAISFIELD, RANDY 735 COLORADO AVENUE, SUITE 6 STUART FL 34994		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 218 Royal Palm Way Suite, Apt. #, etc. City Palm Beach FL Zip Code 33480	
---	--	--	--

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) SE FLORIDA PROPERTIES, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 735 COLORADO AVENUE,		11b. City, State & Zip Code STUART FL 34994		11c. Registration/Document Number P97000105307	
				100002689681 -- 0 -11/17/98--01064--011 ****141.25 ****141.25			

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 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 _____

DATE _____

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (8/98)