

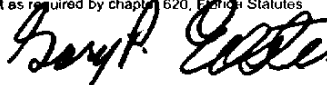


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 APR 15 AM 9:21 SECRETARY OF STATE 	
1. Name of Limited Partnership INDIANTOWN-JUPITER PARTNERS, LTD.		1a. DOCUMENT # A97000002760		
Mailing Address 2665 SOUTH BAYSHORE DRIVE, SUITE 908 MIAMI FL 33133		Principal Office Address 2665 SOUTH BAYSHORE DRIVE, SUITE 908 MIAMI FL 33133		3. Date Formed or Registered 12/18/1997
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 02/09/1998
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record \$1,000.00		
6. FEI Number APPLIED FOR 65-0619044		5b. Amount of Capital Contributions in FLORIDA to date \$1,000.00		
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 EIDELSTEIN, GARY P 2665 SOUTH BAYSHORE DRIVE, SUITE 908 MIAMI FL 33133		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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) INDIANTOWN/JUPITER DEVELOPME	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2665 SOUTH BAYSHORE D	11b. City, State & Zip Code MIAMI FL 33133	11c. Registration/Document Number P95000078885 5000002842835--3 -04/16/99-01079-006 ****141.25 ****141.25 SL 4-16-99	
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  Typed or Printed Name of General Partner Signing Form GARY P. EIDELSTEIN		DATE 4-6-99 Daytime Telephone Number _____		

CR2E003 (12/98)