


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 16 PM 3:21



LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SARASOTA SOUTHEAST REAL ESTATE LIMITED PARTNERSHIP		1a. DOCUMENT # A97000002791	
Mailing Address ATTN: ALFRED R. CAMNER 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134		Principal Office Address 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
		3. Date Formed or Registered 12/22/1997	
		3a. Date of Last Report 03/09/1998	
		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$208,592.00	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number 65-0804464 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable APPLIED FOR	
		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)	

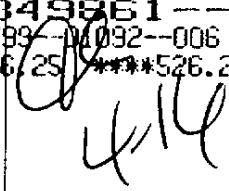
9. Name and Address of Current Registered Agent NEDBOR, NIKKI J 550 BILTMORE WAY, SUITE 700 CORAL GABLES FL 33134		10. If changed, new Registered Agent/Office Name: POLLER, NEALE J. Street Address (P.O. Box Number is Not Acceptable): 550 BILTMORE WAY Suite, Apt. #, etc.: 700 City: CORAL GABLES FL Zip Code: 33134	
---	--	---	--

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 3/22/99

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CAMNER FAMILY CORPORATION	550 BILTMORE WAY, SUITE 700	CORAL GABLES FL 33134	P97000100202
100002849861--5 -04/23/99--0092--006 ****526.25****526.25 			

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I 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 (12/98)