

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 C. Morham
Secretary of State
DIVISION OF CORPORATIONS

12/19/97
FILED
99 JAN 19 PM 1:55

TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A97000002882

UNIQUE TBA, LTD.

Mailing Address

Principal Office Address

490 EAST PALMETTO PARK ROAD, SUITE 110
BOCA RATON FL 33432

490 EAST PALMETTO PARK ROAD, SUITE 110
BOCA RATON FL 33432

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

12/29/1997

3a. Date of Last Report

04/13/1998

4. State or Country of Formation

FL

6. FEE Number

APPLIED FOR 65-0812537

7. Certificate of Status Desired

8. Mark check payable to Dept. of State (See reverse side for fee information)

5a. Capital Contributions as Shown on record

\$100.00

5b. Amount of Capital Contributions in FL OR (PA to date)

100.00

Applied For
Not Applicable

9. Name and Address of Current Registered Agent

MAX, DENNIS
490 EAST PALMETTO PARK ROAD, SUITE 110
BOCA RATON FL 33432

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt #, etc

City

10. If changed, new Registered Agent Office

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)

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11b. City, State & Zip Code

11c. Registration Document Number

UNIQUE TBA, INC.

490 EAST PALMETTO PAR

BOCA RATON FL 33432

P97000108436

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)(j), 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]

Typed or Printed Name of General Partner Signing Form

Dennis Max

DATE

1/14/98

Daytime Telephone Number

561-3720611

CR2E003 (8/98)