



**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 NOV 23 AM 8:13</p> <p style="text-align: right;"><i>with</i> <i>11/30</i></p> 	
1. Name of Limited Partnership POLICY STUDIES ASSOCIATES, LTD.		1a. DOCUMENT # A98000000075			
Mailing Address SUITE 902, 1000 VENETIAN WAY MIAMI FL 33139-1008		Principal Office Address SUITE 902, 1000 VENETIAN WAY MIAMI FL 33139-1008		3. Date Formed or Registered 12/26/1997	
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 03/30/1998	
4. State or Country of Formation FL		5a. Capital Contributions as Shown on record. \$1,000.00			
6. FEI Number 65-0800288		5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00			
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information) \$8.75 Additional Fee Required			
9. Name and Address of Current Registered Agent HERBITS, STEPHEN E 1000 VENETIAN WAY, #902 MIAMI FL 33139-1008		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) THE HERBITS GROUP, INC. MIAMI ADVISORY SERVICES, INC		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 902, 1000 VENETIAN W 1172 S DIXIE HIGHWAY,		11b. City, State & Zip Code MIAMI FL 33139 CORAL GABLES FL	
11c. Registration/Document Number P97000079311 P97000086684		000002701030--5 -12/03/98--U1004--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 <u>Stephen E. Herbits</u> DATE <u>11/17/98</u> Typed or Printed Name of General Partner Signing Form <u>STEPHEN E. HERBITS</u> Daytime Telephone Number <u>305-374-8841</u>					

CR2E003 (8/98)