



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE N. J. Harris Secretary of State DIVISION OF CORPORATIONS		99 MAR - 3 AM 10:36	
1. Name of Limited Partnership 1708 LTD. PARTNERSHIP		1a. DOCUMENT # A98000000257 99-AR cm			
Mailing Address 633 N.E. 167TH STREET, SUITE 301 NORTH MIAMI BEACH FL 33140		Principal Office Address 633 N.E. 167TH STREET, SUITE 301 NORTH MIAMI BEACH FL 33140		3. Date Formed or Registered 01/28/1998	
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 4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record \$80,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date 80,000	
				6. FEI Number 65-0812613	
				7. Certificate of Status Desired <input type="checkbox"/> Applied For <input 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 SACK, PAUL A 757 41ST STREET MIAMI BEACH FL 33140				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) COLA CONSTRUCTION, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 633 N.E. 167TH STREET		11b. City, State & Zip Code NORTH MIAMI BEACH FL	
				11c. Registration/Document Number P97000041846	
00000281 45.00 --- 1 03/22/99 01153-016 ****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 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: JED GROSSMAN				DATE 2/10/99 Daytime Telephone Number: 305-651-6069	

CR2E003 (12/98)