## 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

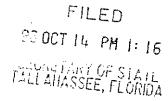
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A98000000259







DAMAR PARTNERS OF BROW	AHD, LTD. Q4-A	ب س			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as	
227 NORTH 28TH AVENUE	227 NORTH 28TH AVENUE		01/27/1998	Shown on record.	
HOLLYWOOD FL 33020	HOLLYWOOD FL 33020		3a. Date of Last Report	\$7,500.00	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address			7,500.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For	
City & State	City & State		<u>65-082988</u>		
Zip Country	Zip	Zip Country		7. Certificate of Status Desired \$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 10. If changed, new Registered Agent/Office					
No.		Name	, , , , , , , , , , , , , , , , , , ,		
FINK, BRIAN L 169 EAST FLAGLER STREET, SUITE 1700	Street Address (F		(P.O. Box Number Is Not Acceptable)		
MIAMI FL 33131	Suite, Apt. #, etc.		Ç		
		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 ANI	DACTIVE	WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 1 x Numbers) 1	1b. City, State & Zip Code	11c. Registration/ Document Number	
DAMAR PARTNERS, INC.	227 NORTH 28TH AVENUE		HOLLYWOOD FL 33020	CRZE003 (8/88)	
			7000026 -10/20/3 ****14	675879 9801009011 11 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-compfiance with Section 119.07(3)(k) in the swent 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					