FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP

WILL BE SUBJECT TO REVOC	ATION AND \$500 PENAL	Y FEE				
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			FILED 98 DEC 30 PM 3: 07		
1. Name of Limited Partnership	1a. DOCUMI A98000000		SECRETARY OF STAIL TALLAHASSEE, FLORIDA			
TRACT B ASSOCIATES, LTD.						
Mailing Address % TRACT B ASSOCIATES. INC. 2450 SW 137TH AVE SUITE 226 MIAMI FL 33175	Principal Office Address % TRACT B ASSOCIATES. INC. 2450 SW 137TH AVE SUITE 226 MIAMI FL 33175		-	3. Date Formed or Registered 02/02/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record. \$9,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	\$ 9,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	City & State			7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip Country			Certificate of Status Desired \$8.75 Additional Fee Required Nake check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Re	gistered Agent			10. If changed, new Registered	Agent/Office	
A&P REGISTERED AGENT, INC.		Name				
2450 SW 137TH AVE., SUITE 226			Street Address (P.O. Box Number Is Not Acceptable)			
MIAMI FL 33175		Suite, Apt. #, etc.				
		City		· · · · · · · · · · · · · · · · · · ·	FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regisegent. I am familiar with, and accept the obligations of	stered a tent) or both, in the State of Florid	l limited partner a. Such change	ship organize was authori	ed or registered under the laws of the zed by its general partner(s). I hereby	State of Florida, submits this statement y accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)	Those Nec	1		DATE	12/17/98	
A GENERAL PARTNER THAT IS	S A CORPORATION, L BE REGISTERED AN	IMITED O ACTIV	PARTN E WITH	IERSHIP OR OTHE H THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	Partner (Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
TRACT B ASSOCIATES, INC. % 2450 SW 137TH AVE.,			MIAM	I FL 33175	P98000008521	
				9000027 -01/20/9 ****15	479493 19-01067-009 1.75 ****151.75	

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 cath. 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

SIGNATURE Typed or Printed Name of General Partner Signing For