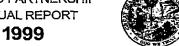
## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

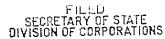
## LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State



1999	DIVISION OF	CORPORATIO	DNS'	98 NOV 16	PH 12:	: 07		
1. Name of Limited Partnership	1a. DOCUM A9800000					•		
ANSCA OFFICE BUILDING, LT	D.							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capita	Contributions as	$\neg$	
3333 SOUTH CONGRESS AVENUE. SUITE 403-B DELRAY BEACH FL 33445	3333 SOUTH CONGRESS AVENUE, SUITE 403-B DELRAY BEACH FL 33445			02/03/1998  3a. Date of Last Report  65-08/2893	\$4	00,000.00		
•	• .	(			5b. Amou	nt of Capital <u>buti</u> ons in FLORIDA a:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				o.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			<del></del>	Applied For	ᅱ	
City & State	City & State	City & State				Not Applicable	_	
Zip Country	Zip	Country		7. Certificate of Status Desired		\$8.75 Additional Fee Required		
	<u> </u>			8. Make check payable to: Dept. of S	ate (See rever	se side for fee information	(חג	
9. Name and Address of Current	Registered Agent			10, If changed, new Registered	Agent/Office	<del>-</del>	-	
SCARDINA, CHARLES		Name			-			
3333 SOUTH CONGRESS AVENUE, SUITE	403-B	Street Add	Street Address (P.O. Box Number is Not Acceptable)				$\neg$	
DELRAY BEACH FL 33445		Suite, Apt.	pt. #, etc.					
		City FL Zip Kodes						
10a. Pursuant to the provisions of sections 620.1051 am for the purpose of changing its registered office or ragent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Fig	ned limited partn orida. Such chan	ership orgai ge was auth	ized or registered under the laws of the corized by its general partner(s). I hereby	State of Florida	a, submits this statement pointment of registered	t	
A GENERAL PARTNER THAT	IS A CORPORATION.	LIMITED	PART		R BUSIN	VESS ENTIT	Y	
MUS	T BE REGISTERED AN	ND ACTIV	/E WI	TH THIS OFFICE.		. <u> </u>		
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office I	ral Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	_	
ANSCA OFFICE DEVELOPMENT, IN		3333 SOUTH CONGRESS A		DELRAY BEACH FL 33445		P98000010821 3917432		
		•		3000026 -11/19, ****\$52	5 <b>9 1</b> 7 788—01 2 <b>6.</b> 25	7432 1079007 ****526.25	>	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.								
<ol> <li>I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my</li> </ol>	is filing yoluntarily furnished and does no	ot qualify for the	exemption :	tated in Section 119.07(3)(k), Florida Sta	tutes. I releas	e the Division of		
this annual report is true and accurate and that my	nature shall have the same legal effects as	s if made under o	ath. I furthe	r certify that I am a General Partner of th	e limited partn	ership, receiver or truste	10	

12.	I do hereby certify that the information supplied with this filing. I 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 synatore shall have the same legal effects as if made under eath. I further certify that I am a General Partner of the limited partnership, receiver or truster
	empowered to execute this report as required by Apaper 500, Florida Statutes.

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