A98000000467 (1)

APPLICATION FOR ~~REINSTATEMENT~~ FOR LIMITED PARTNERSHIP
ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 19 AM 10:10

DOCUMENT # A98000000467

1. Name of Limited Partnership

PALM BEACH PLAZA, LTD.

DO NOT WRITE IN THIS SPACE

2. Mailing Address	3. Principal Office Address	4. Date Formed or Registered To Do Business in Florida
333 41st Street	333 41st Street	2/18/98
Suite, Apt. #, etc. Suite 900	Suite, Apt. #, etc. Suite 900	5. FEI Number: Applied For [ ] X Not Applicable
City & State Miami Beach, FL	City & State Miami Beach, FL	6. CERTIFICATE OF STATUS DESIRED [ ] $8.75 Additional Fee required for a Certificate of Status
Zip 33140 Country USA	Zip 33140 Country USA	7. State or Country of Formation: Florida

8a. Capital Contributions as Shown on Record: $10,000

8b. Amount of Capital Contributions in **FLORIDA** to date: $10,000

FEES: 1.) Filing Fee(s): Computed at a rate of $7 per $1,000 on amount entered in 8b, with a minimum filing fee of $52.50 and a maximum of $437.50 for each year due this office
2.) Supplemental Fee(s): $88.75 for each year due this office, beginning with 1992 calendar year.
3.) Penalty Fee(s): $500 penalty fee for each year report form is delinquent
Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee

9. Name and Address of Current Registered Agent

Jeffrey E. Levey
2665 South Bayshore Drive
Suite 1004
Coconut Grove, FL 33133

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 the 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. Names of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	11a. Registered Document Number
Beno Enterprises, Inc.	333 41st Street Suite 900	Miami BEach, FL 33140	P95000074106

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****158.75 ****158.75

CR2E039 (12/98)

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)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. Further, I 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 DATE 5/6/99

Typed or Printed Name of General Partner Signing Form Telephone Number