



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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>99 MAR 19 PM 12:57</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership ELIAS FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A98000000511			
Mailing Address 20191 EAST COUNTRY CLUB DRIVE APARTMENT #1609 AVENTURA FL 33180		Principal Office Address 20191 EAST COUNTRY CLUB DRIVE APARTMENT #1609 AVENTURA FL 33180		3. Date Formed or Registered 02/23/1998 3a. Date of Last Report 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. Apt. #1607 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. Apt. #1607 City & State Zip Country		5a. Capital Contributions as Shown on record \$1,000,000.00 5b. Amount of Capital Contributions in FLORIDA to date 6. FEI Number 65-0811167 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$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 WOLFE, RICHARD C-ESQ. 20605 BISCAYNE BOULEVARD, SUITE 200 AVENTURA FL 33180			10. If changed, new Registered Agent/Office Name Dade County Corporate Agents Inc. Street Address (P.O. Box Number is Not Acceptable) 20801 Biscayne Boulevard Suite, Apt. #, etc. 505 City Aventura FL Zip Code 33180		
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) <i>[Signature]</i> DATE 3/8/99					
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) ELIAS, NETTIE		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 20191 EAST COUNTRY CL		11b. City, State & Zip Code AVENTURA FL 33180	
				11c. Registration/Document Number 900002823679--3 -03/30/99--01060--014 *****526.25 *****526.25 SL 3-25-99	
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 <i>[Signature]</i> GENERAL PARTNER DATE 3/8/99 Typed or Printed Name of General Partner Signing Form NETTIE ELIAS Daytime Telephone Number (305) 932-5477					

CR2E003 (8/98)