

**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

FILED

WR 11/4

98 NOV -4 PM 2:55

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A98000000549
AMP PROPERTY INVESTORS, LTD.	

Mailing Address	Principal Office Address
C/O TRIDENT MANAGEMENT CORP. 1790 S.W. 13TH COURT POMPANO BEACH FL 33069-4715	C/O TRIDENT MANAGEMENT CORP. 1790 S.W. 13TH COURT POMPANO BEACH FL 33069-4715
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 02/26/1998	5a. Capital Contributions as Shown on record. \$893,936.57
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$723,936.57
4. State or Country of Formation FL	
6. FEI Number 65-0812882	<input type="checkbox"/> Applied For <input 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
SULLIVAN, ROBERT S 1790 S.W. 13TH COURT POMPANO BEACH FL 33069-4715

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 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 AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip-Code	11c. Registration/ Document Number
TRIDENT MANAGEMENT CORP.	1790 S.W. 13TH COURT	POMPANO BEACH FL 3306	P98000004713
600002681656--5 -11/05/98--01097--022 *****526.25 *****526.25			

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-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 *Robert S. Sullivan* DATE 10/28/98
 Typed or Printed Name of General Partner Signing Form ROBERT S. SULLIVAN Daytime Telephone Number 954-782-1400

CR2E003 (8/98)