

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUN 11 PH 12:25

LIMITED PARTNERSHIP
ANNUAL REPORT
1998
APPLICATION FOR REINSTATEMENT
FLORIDA DEPARTMENT OF STATE
Kathryn H. Harris
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership
1a. DOCUMENT #
A98000000664



ELLIS KAYE FAMILY LIMITED PARTNERSHIP

Mailing Address 40 HAMPSHIRE LANE BOYNTON BEACH FL 33436		Principal Office Address 40 HAMPSHIRE LANE BOYNTON BEACH FL 33436		3. Date Formed or Registered 03/11/1998	5a. Capital Contributions as Shown on record \$1,000.00
2. Mailing Address Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
City & State		City & State		4. State or Country of Formation FL	
Zip	Country	Zip	Country	6. F.I. Number 65-0819502	<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 ELLIS KAYE, INC. 40 HAMPSHIRE LANE BOYNTON BEACH FL 33436		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code	
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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) ELLIS KAYE, INC.	11a. Address of Each General Partner (Do NOT use Post Office Box) 40 HAMPSHIRE LANE	11b. City, State & Zip Code BOYNTON BEACH FL 3343	11c. Registration Document Number P98000021555
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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 am or 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 *[Signature]*