

**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. Moynham**  
Secretary of State  
DIVISION OF CORPORATIONS

SECRET  
DIVISION OF CORPORATIONS  
99 JAN 27 PM 3:24

1. Name of Limited Partnership		1a. DOCUMENT # <b>A98000000712</b>	
CENTRAL PARKWAY ASSOCIATES, LTD.			
Mailing Address	Principal Office Address		
2999 N.E. 191ST STREET, SUITE 600 AVENTURA FL 33180	2999 N.E. 191ST STREET, SUITE 600 AVENTURA FL 33180		
2. Mailing Address	2a. Principal Office Address		
1250 E. Hallandale Bch Blvd Suite, Apt #, etc 902	1250 E. Hallandale Bch Blvd Suite, Apt #, etc # 902		
City & State Hallandale FL	City & State Hallandale, FL		
Zip 33009	Zip 33009		
Country Broward	Country Broward		



3. Date Formed or Registered  
**03/18/1998**

3a. Date of Last Report

4. State or Country of Formation  
**FL**

5a. Capital Contributions as Shown on record  
**\$500,000.00**

5b. Amount of Capital Contributions in FL ORFLDA to date  
**350,000**

6. FEI Number  
**65-0821037**

7. Certificate of Status Desired  
 Applied For  
 Not Applicable

8. Make check payable to: Dept. of State (See reverse side for fee information)  
 \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent Office
ALF DEVELOPERS II, INC. 2999 N.E. 191ST STREET, SUITE 600 AVENTURA FL 33180	Name <b>ALF DEVELOPERS II, INC</b> Street Address (P.O. Box Number is Not Acceptable) <b>1250 E. Hallandale Bch Blvd</b> Suite, Apt #, etc <b># 902</b> City <b>HALLANDALE</b> FL Zip Code <b>33009</b>

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) *Devin S. Washburn* DATE **12 30 98**

**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
ALF DEVELOPERS II, INC.	2999 N.E. 191ST STREE	AVENTURA FL 33180	P98000021912.

**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 *Devin S. Washburn* DATE **12 30 98**

Typed or Printed Name of General Partner Signing Form **Devin S. Washburn** Daytime Telephone Number **304 948 3605**

CR2E003 (8/98)