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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



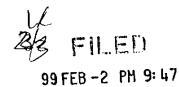
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A98000000819



SECRE MACL IN STATE TALLAHASSEE FLORIDA



SARDENS COMMERCIAL HOLDINGS, LTD.					
Melting Address  C/O LEWIS COHEN 1399 SW FIRST AVENUE MIAMI FL 33130	Principal Office Address  C/O LEWIS COMEN  1399 SW FIRST AVENUE  MIAMI FL 33130		3. Date Formed or Registered 04/01/1998 38. Date of Lest Report	5a. Capital Contributions as Shown on record. \$5,000.00  5b. Amount of Capital Contributions in FLORIDA	
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable	
City & State	City & State	City & State			
Zip Country	Zip	Zip Country		7. Certificate of Status Desired \$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		I	10, If changed, new Registered Agent/Office		
COHEN, LEWIS ESQ. 1399 SW FIRST AVENUE MIAMI FL 33130		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  Ted 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 re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Florid of section 620,192, Floride Statutes.	IMITED	pe was authorized by its general partner(s). I here  DAT  PARTNERSHIP OR OTHI	by accept the appointment of registered	
<del></del>	BE REGISTERED ANI			Registration/	
11. Name(s) of General Partner(s)  GARDENS COMMERCIAL INVESTMEN	11a. Address of Each General Pariner (Do NOT Use Post Office Box Numbers)  1399 SW FIRST AVENUE		11b. City. State & Zip Code  MIAMI FL 33130  1 10002  -02/0	11c. pocument Number	
Note: General partners MAY NOT  12. Ido hereby certify that the information supplied with thi			endment must be filed to ct	nange a general partner.	

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 quired by chapter 620, Florida Statutes.