

**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
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FILED
99 FEB 16 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership ALAMEDA, LTD.	1a. DOCUMENT # A98000000840
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Mailing Address 555 SOUTH POMPANO PARKWAY POMPANO BEACH FL 33069	Principal Office Address 555 SOUTH POMPANO PARKWAY POMPANO BEACH FL 33069	3. Date Formed or Registered 04/02/1998	5a. Capital Contributions as Shown on record \$1,000.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
		4. State or Country of Formation FL	
Mailing Address Valdes Fauli One Biscayne Boulevard Suite, Apt. #, etc. 2 South Biscayne Blvd City & State Suite 3400 Miami FL Zip 33131 Country U.S.A.	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input checked="" 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 VALDES-FAULI CORPORATE SERVICES, INC. 2 SOUTH BISCAYNE BLVD., STE. 3400 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State 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) MISTY/INWOOD CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 555 SOUTH POMPANO PAR	11b. City, State & Zip Code POMPANO BEACH FL 3306	11c. Registration/Document Number P94000090940
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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 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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number