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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A98000000949

FILED 98 OCT 20 PM 2: 00

SECPETARY OF STATE TALLAHASSEE, FLORIDA

AWERICAN FEDERAL PROFE	RHES, EID.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
4347-10 UNIVERSITY BLVD. S.	4347-10 UNIVERSITY BLVD. S.		04/10/1998	#400 00	
JACKSONVILLE FL 32216	JACKSONVILLE FL 32216		3a. Date of Last Report	\$100.00	
				5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Z. Maning Address	Edit / Thorpar Calloo / tour coo		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		59-3467205	Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country			8. Make check payable to: Dept. of	State (See reverse side for fee information)	
		<u> </u>	10. If changed, new Registere	d Agent/Office	
9. Name and Address of Current Registered Agent			Name		
SLEIMAN, ELI T SR.		Street Address (P.O. Box Number Is Not Acceptable)			
4347-10 UNIVERSITY BLVD. S.	Cuite An		Apt. #, etc.		
JACKSONVILLE FL 32216					
		City		FL Zip Code	
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	ns of section 620.192, Florida Statutes.	LIMITED	PARTNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office 8	al Partner	11b. City, State & Zip Code	11c. Registration/	
AMERICAN FEDERAL PROPERTIES, 4347-10 UNIVER			JACKSONVILLE FL 32216	P95000057608	
			200026 -10/28/ ****1	5751329 9801093013 41.25 ****141.25	
			dec		
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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of					
12. I do hereby certify that the Information supplied with Corporations from any liability of non-compliance with this annual report is true and accurate and that my sempowered to execute this report as required by che	th Section 119.07(3)(k) in the event that the ir ignature shall have the same legal effects as	formation supp	ilied is deemed exempt from public access. I furthe path. I further certify that I am a General Partner of	r certify that the information indicated on the limited partnership, receiver or trustee	
SIGNATURE	XV1		DATE	10/16/98	
	101 0 , 201		•	207 721 0006	

Daytime Telephone Number_