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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SIGNATURE

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

99 AUG 12 PH 3: 20

SECRETARY OF STATE
TALLAHASSEE FLOODS

			SECRETARY O	FOTATE	
1. Name of Limited Partnership	1a. DOCUMENT A98000001313		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
MARIAN, LTD.					
Mailing Address	Principal Office Address	3.	Date Formed or Registered	58. Capital Contributions as Shown on record.	
648 NE 16TH TERRACE	648 NE 16TH TERRACE		05/27/1998	\$5,000.00	
FT. LAUDERDALE FL 33304	FT. LAUDERDALE FL 33304	3a	Date of Last Report		
		4.5	State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	_	1.	109000,00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6.	FEI Number	Applied For	
City & State	City & State		5-083742	·	
Zip Country	Zip Country		Certificate of Status Desired	\$8.75 Additional Fee Required	
		0.1	иаке спеск реувою to: Dept. or St	ate (See reverse side for fee information)	
9. Name and Address of Curren	t Registered Agent	1	0. If changed, new Registered A	Igent/Office	
SANCHEZ, DOLORED K ESQ. 4701 N. FEDERAL HIGHWAY, SUITE 316 LIGHTHOUSE POINT FL 33064 Suite Abt. City.		Acquess (P.O. Box Mun (St. W. etc.	ordan Washell or P. Box Humby Lang Acceptable) treet liberalia otc.		
10a, Pursuant to the provisions of sections 620.1051 an for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations	d 620.192, Florida Statutes, the above-named limited preginting degent, or both, in the State of Florida. Such o	artnership organized or hange was authorized	registered under the laws of the 8 by its general partner(s). I hereby	FL 33337 State of Florida, submits this statement accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)	Juni Voga		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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Number	, 11b.	City, State & Zip Code	11c. Registration/ Document Number	
WASHELL, JORDAN	648 NE 16TH TERRACE	FT. LAUI	DERDALE FL 333		
			6000029 -08/17/ ****\$2	0617168 9901030001 8.25 ****526.25	
Note: General partners MAY NOT	 be changed on this form: an a	mendment n	ust be filed to char	ge a general partner.	
12. I de-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 affects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number