

**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

FILED *WC 11/25*

98 NOV 23 PM 12: 38

SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #
A98000001415

2900 CYPRESS CORNERS PARTNERS, LTD.



Mailing Address 150 S.E. 2ND AVENUE, SUITE 300 MIAMI FL 33131		Principal Office Address 150 S.E. 2ND AVENUE, SUITE 300 MIAMI FL 33131		3. Date Formed or Registered 06/08/1998	5a. Capital Contributions as Shown on record. \$1,000,000.00
2. Mailing Address Suite, Apt. #, etc. * 1301 City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. * 1301 City & State Zip Country		3a. Date of Last Report	
				4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
				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 BAKER, RONALD G 4675 PONCE DE LEON BLVD., #301 CORAL GABLES FL 33146		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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) 2900 CYPRESS CORNERS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 150 S.E. 2ND AVENUE,	11b. City, State & Zip Code MIAMI FL 33131	11c. Registration/ Document Number P98000025444
300002702593--8 -12/03/98--01109--017 ***535.00 ***535.00			

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 *Johnny Winton* DATE *11/19/98*

Typed or Printed Name of General Partner Signing Form *Johnny Winton* Daytime Telephone Number *305-373-2161*

CR2E003 (8/98)