

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
20 JAN 27 PM 2:45

1. Name of Limited Partnership		1a. DOCUMENT # A98000001422	
ARJOY LTD.		<i>AG-AR CM</i>	
Mailing Address		Principal Office Address	
9658 SPRAY DRIVE BREAKERS WEST WEST PALM BEACH FL 33411		9653 SPRAY DRIVE BREAKERS WEST WEST PALM BEACH FL 33411	
2. Mailing Address		2a. Principal Office Address	
18151 N.E. 31st Court Suite, Apt #, etc Apt. CPH 216 City & State Aventura, FL Zip Country 33160 U.S.A		18151 N.E. 31st Court Suite, Apt #, etc Apt. CPH 216 City & State Aventura, FL Zip Country 33160 U.S.A	



3. Date Formed or Registered 06/09/1998	5a. Capital Contributions as Shown on record \$5,000,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date 4,900,000
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 65-0839856	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

HENRY, THORNTON M
505 SOUTH FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

10. If changed, new Registered Agent/Office

Name: _____
Street Address (P.O. Box Number Is Not Acceptable): _____
Suite, Apt #, etc: _____
City: _____
FL | Zip Code: _____

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) *	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GOTTLIEB, ARNOLD	9653 SPRAY DRIVE, BRE	WEST PALM BEACH FL 33	
GOTTLIEB, JOY W	9653 SPRAY DRIVE, BRE	WEST PALM BEACH FL 33	

*An amendment to the partnership agreement has been filed which reflects the transfer of all general partnership interests to Andrew M. Gottlieb, 1851 N.E. 31st Court, #CPH 216, Aventura, FL 33160.

02/08/99 01021-026
***526.25 ***526.25

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)(c), 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 *Andrew M. Gottlieb* DATE *1/15/98*
Typed or Printed Name of General Partner Signing Form: **ANDREW M. GOTTLIEB** Daytime Telephone Number: **(305) 933-4768**

CR2E003 (8/98)