

**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

99 JAN 11 AM 8:13

1. Name of Limited Partnership <b>MEDLEY PARK, LTD.</b>		1a. DOCUMENT # <b>A98000001449</b>	
Mailing Address <b>1428 BRICKELL AVENUE 8TH FL MIAMI FL 33131</b>	Principal Office Address <b>1428 BRICKELL AVENUE 8TH FL MIAMI FL 33131</b>	2. Mailing Address <b>5353 N. Fed. Hwy. Suite, Apt. #, etc. Suite 303 City &amp; State Ft. Lauderdale, Fla. Zip 33308 Country USA</b>	2a. Principal Office Address <b>5353 N. Fed. Hwy. Suite, Apt. #, etc. Suite 303 City &amp; State Ft. Lauderdale, Fla. Zip 33308 Country USA</b>



3. Date Formed or Registered <b>06/11/1998</b>	5a. Capital Contributions as Shown on record <b>\$10,000.00</b>
3a. Date of Last Report	5b. Amount of Capital Contributions in FL ORDA to date
4. State or Country of Formation <b>FL</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number <b>11-3437195</b>	<input type="checkbox"/> \$8.75 Add'l State Fee Required
7. Certificate of Status Desired	8. Make this fee payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent <b>MANASTER, JOSHUA D 1428 BRICKELL AVENUE, 8TH FL MIAMI FL 33131</b>	10. If changed, new Registered Agent Office Name <b>Alan M. Levy</b> Street Address (PO Box Number is Not Acceptable) <b>5353 N. Fed. Hwy</b> Suite, Apt. #, etc. <b>Suite 303</b> City <b>Ft. Lauderdale, FL</b> Zip Code <b>33308</b>
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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) *Alan M. Levy* DATE **12/1/98**  
**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) <b>MEDLEY PARK, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>1428 BRICKELL AVENUE,</b>	11b. City, State, & Zip Code <b>MIAMI FL 33131</b>	11c. Registration Document Number <b>1181800000</b> <b>0000027661301-5</b> <b>-02/05/99--01084--005</b> <b>****17.50 ****17.50</b> <b>0000027661301-5</b> <b>-02/05/99--01084--006</b> <b>****141.25 ****141.25</b>
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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 *[Signature]* DATE **12/1/98**  
Typed or Printed Name of General Partner Signing Form **Sandra B. Mortham** Daytime Telephone Number **(454) 441-5505**

CR2E003 (9/98)