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

1. Name of Limited Partnership

SIGNATURE ____
Typed or Printed Name of Ge

1a. DOCUMENT # A98000001511 DIVISION OF CORPORATIONS

98 DEC 21 AM 10: 33

DANPORT CENTER ASSOCIATES, LTD.			70 1/5		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
701 BRICKELL AVENUE. SUITE 1400 MIAMI FL 33131-2822	701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822		06/19/1998 3a. Date of Last Report	\$6,250.00	
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FELNumber 65-0850151	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Zîp Country				Fee Required State (See reverse side for fee information)
			,	O. Make crieck payable to: Dept. of 8	izate (See reverse side for lee intormation)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office			
PITTS, W. DOUGLAS 701 BRICKELL AVENUE, SUITE 1400 MIAMI FL 33131-2822		Name Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc.			
		****141.45_ *****141.25_			
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)	Address of Each General 11a. (Do NOT Use Post Office Box	Partner (Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number
NEWCASTER DEVCORP, INC.	701 BRICKELL AVENUE,		MIAM! FL 33131-2822		P96000034735
Note: General partners MAY NOT b	e changed on this form	: an ame	endme	nt must be filed to cha	nge 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 phr-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 any 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

Daytime Telephone Number