FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A98000001717

THE LONGWILL LIMITED PARTNERSHIP

FILED 99 APR 13 PH 2: 29



Mailing Address 6620 S.W. 92ND STREET MIAMI FL 33156	Principal Office Address 6620 S.W. 92ND STREET MIAMI FL 33156	-	3. Date Formed or Registered 07/17/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$150,000.00
2. Mailing Address	2a. Principal Office Addre	ss	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt #, etc.			Applied For Not Applicable
City & State	City & State	City & State		\$8.75 Additional
Zip Country	Zıp	Country	8. Make check payable to Dept o	Fee Required If State (See reverse side for fee information
9. Name and Address of Cu	rrent Registered Agent		10. If changed, new Registered	Agent/Office
BLAKEMAN, RICHARD R 5355 TOWN CENTER ROAD, SUITE 801 BOCA RATON FL 33486		Name		
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
		City		FL Zip Code
	or registered agent, or both, in the State a stions of section 620.192, Florida Statutes		ership organized or registered under the laws of th age was authorized by its general partner(s). I here DATE	eby accept the appointment of registered
A GENERAL PARTNER TH				ER BUSINESS ENTIT
11. Name(s) of General Partner(s)		BE REGISTERED AND ACTIVE V 11a. (Do NOT Use Post Office Box Numbers) 11b.		11c. Registration/ Document Number
LONGWILL, DEBORAH	6620 S.W. 92ND S		MIAMI FL 33156 デュロコロロン -04/1 *****	98423490 6/9901079013 150.00 ****150.00
		I	4-14-99	
Note: General partners MAY No	OT be changed on this i	form; an am	endment must be filed to ch	ange a general partner.

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 charter 620 Florida Statutes.

SIGNATURE

DATE 03-16-1499 Daytime Telephone Number (305) 279-7546