

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

98 DEC 14 AM 11:14

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12/17



1. Name of Limited Partnership CASTLE TWO, LTD.		1a. DOCUMENT # A98000001801	
Mailing Address 12550 BISCAYNE BLVD., SUITE 215 NORTH MIAMI FL 33181	Principal Office Address 12550 BISCAYNE BLVD., SUITE 215 NORTH MIAMI FL 33181	3. Date Formed or Registered 07/29/1998	5a. Capital Contributions as Shown on record. \$99.90
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: 99.90
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 15-0857959
City & State	City & State	7. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country		

9. Name and Address of Current Registered Agent GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130	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) CASTLE TWO CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12550 BISCAYNE BLVD.,	11b. City, State & Zip Code NORTH MIAMI FL 33181	11c. Registration/Document Number P98000046470
300002716763--1 -12/18/98--01103--002 ****150.00 ****150.00			

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 ELLINT STONE DATE 12/11/98

Typed or Printed Name of General Partner Signing Form ELLINT STONE Daytime Telephone Number 305 891-3331

CR2E003 (8/98)