

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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Magris Secretary of State DIVISION OF CORPORATIONS
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FILED

99 MAY -6 PM 4:00

SECRETARY OF STATE
FLORIDA



1. Name of Limited Partnership PLAZA LINDA I, LTD.	1a. DOCUMENT # A98000001997
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Mailing Address 5446 NORTH BAY ROAD MIAMI BEACH FL 33140	Principal Office Address 5446 NORTH BAY ROAD MIAMI BEACH FL 33140	3. Date Formed or Registered 08/26/1998	5a. Capital Contributions as Shown on record \$1,905,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report 4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
		6. FEI Number 65-0859761	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		7. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)			


9. Name and Address of Current Registered Agent GLOTTMAN, SAUL 5446 NORTH BAY ROAD MIAMI BEACH FL 33140

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.

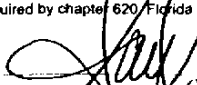
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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) FLORIDA KIDS #2 CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5446 NORTH BAY ROAD	11b. City, State & Zip Code MIAMI BEACH FL 33140	11c. Registration/Document Number P98000074456
200002876342-1 -05/17/99--01006--023 *****535.00 *****535.00 			

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  SAUL GLOTTMAN	DATE 2-11-99 (305) 868-5131
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CR2E003 (12/98)