

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

98 DEC 23 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  Moy, Ltd.		1a. DOCUMENT # A98-2052	
Mailing Address 1201 South Ocean Drive PH-5 South Tower Hollywood, Florida 33019		Principal Office Address 1201 South Ocean Drive PH-5 South Tower Hollywood, Florida 33019	
2. Mailing Address 1201 South Ocean Drive Suite, Apt. #, etc. PH-5 South Tower City & State Hollywood, Florida Zip 33019		2a. Principal Office Address 1201 South Ocean Drive Suite, Apt. #, etc. PH-5 South Tower City & State Hollywood, Florida Zip 33019	
3. Date Formed or Registered 8/31/98		5a. Capital Contributions as Shown on record. \$17,553,600.	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$17,553,600.	
4. State or Country of Formation Broward County		6. FEI Number 65-0860840 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input 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  William Moy 1201 South Ocean Drive PH-5 South Ocean Drive Tower Hollywood, Florida 33019		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)  Munsing, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1201 South Ocean Drive PH-5 South Tower	11b. City, State & Zip Code Hollywood, Florida 33316	11c. Registration/Document Number P98000073935 300002733939--U -01/07/98--01105--012 ****526.25 ****526.25
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number