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 # A98000002116

10130 NW 35 STREET PARTNERS LTD

FILED 99 FEB 12 AM 10: 08

Mailing Address 3201 GRIFFIN ROAD, SUITE 206 FT. LAUDERDALE FL 33312	Principal Office Address 3201 GRIFFIN ROAD, SUITE 206 FT. LAUDERDALE FL 33312		3. Date Formed or Registered 09/11/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 65~0869452	Applied For Not Applicable
City & State Zip Country		7. Certificate of Status Desired Country 8, Make check payable to Dept. of State (See reverse		\$8.75 Additional Fee Required State (See reverse side for fee information
9. Name and Address of Current R	Registered Agent		10. If changed, new Registered	Agent/Office
OLIVER, MICHAEL 3201 GRIFFIN ROAD, SUITE 206 FT. LAUDERDALE FL 33312 10a. Pursuant to the provisions of sections 620 1051 and 620.192, Florida Statutes, the above-n for the purpose of changing its registered office or registered agent, or both, in the State of sgent I am familiar with, and accept the obligations of section 620.192, Florida Statutes		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City		
SIGNATURE (Registered Agent Accepting Appointment)			DATE	
A GENERAL PARTNER THAT	IS A CORPORATION, LI BE REGISTERED AND	ACTIVE	'ARTNERSHIP OR OTHI WITH THIS OFFICE.	ER BUSINESS ENTIT
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box No	tner umbers) 1	1b. City, State & Ζiρ Code	11c. Registration/ Document Number
, QUAD EQUITIES, INC.	3201 GRIFFIN ROAD, SU		FT. LAUDERDALE FL 333	P96000099209
-			2-18-99	
Note: General partners MAY NOT	be changed on this form;	an amen	dment must be filed to ch	ange 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 T 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

Typed or Printed Name of General Partner Signing Form

DATE Feb. 8, 1999