


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

|   |  |   |  |   |  |
|---|--|---|--|---|--|
| LIMITED PARTNERSHIP<br>ANNUAL REPORT<br><b>1999</b>                                   |  |  FLORIDA DEPARTMENT OF STATE<br><b>Sandra E. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  | STATE OF FLORIDA<br>DIVISION OF CORPORATIONS<br>99 JAN -6 AM 11:12<br>09/12/0                     |  |
| 1. Name of Limited Partnership<br><br><b>MATTHEWS REAL ESTATE PARTNERS, LTD.</b>      |  | 1a. DOCUMENT #<br><br><b>A98000002334</b>   |  | 3. Date of most recent Report Filed<br><b>10/09/98</b>  |  |
| Mailing Address<br><b>10155 Collins Avenue<br/>No. 1701<br/>Miami Beach, FL 33154</b> |  | Principal Office Address<br><b>10155 Collins Avenue<br/>No. 1701<br/>Miami Beach, FL 33154</b>  |  | 5a. Capital Contribution as Stated on Return<br><b>\$ 2,500,000</b>                               |  |
| 2. Mailing Address<br><b>10155 Collins Avenue</b>                                     |  | 2a. Principal Office Address<br><b>10155 Collins Avenue</b>   |  | 5b. Amount of Capital Contribution as Stated on FLORIDA Return<br><b>\$ 2,500,000</b>             |  |
| Suite, Apt. #, etc.<br><b>No. 1701</b>  |  | Suite, Apt. #, etc.<br><b>No. 1701</b>  |  | 6. FID Number <b>65-0864547</b>   |  |
| City & State<br><b>Miami Beach, FL 33154</b>  |  | City & State<br><b>Miami Beach, FL 33154</b>  |  | 7. Did Scale of Service Desired<br><input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| Zip <b>33154</b> Country <b>USA</b>   |  | Zip <b>33154</b> Country <b>USA</b>   |  | 8. Make check payable to: Dept. of State (See instructions for fee information)                   |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>Dan P. Heller, Esq.<br/>701 Brickell Avenue, Suite 1900<br/>Miami, Florida 33131</b> |  | 10. If changed, New Registered Agent Office<br>Name _____<br>Street Address (P.O. Box Number is OK if applicable) _____<br>Suite, Apt. #, etc. _____<br>City _____<br>State <b>FL</b> Zip Code _____ |  |
|--|--|--|--|

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership (being partner or registered agent for the laws of the State of Florida) hereby has authorized 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). The hereby accept the appointment of registered agent. I am familiar with and accept the obligations of section 620.192, Florida Statutes.

**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)<br><b>Mark Matthews, Trustee of the Mark Matthews Irrevocable Trust</b> |  | 11a. Address of Each General Partner (Do NOT Use Post Office Box Number)<br><b>10155 Collins Avenue<br/>No. 1701</b> |  | 11b. City, State & Zip Code<br><b>Miami Beach, FL 33154</b>            |  | 11c. Registered Agent's Designation Number<br><b>G98268900011</b> |  |
|   |  |  |  | 40000027580514 - 6<br>-01/29/99 - 01056 - 025<br>*****26.25 *****26.25 |  |   |  |

**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 affirm or 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. Further certify that I am a General Partner of the limited partnership, partner or trustee, or empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *Mark Matthews* DATE *12/15/98*  
 Typed or Printed Name of General Partner Signing Form: **MARK MATTHEWS, TRUSTEE** Daytime Telephone Number: *(305) 865-0001*

CR2E003 (8/98)