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

FILED 99 FEB 12 AM 9: 18

A9800002425 101 NORTH CLEMATIS EQUITY INVESTORS, LTD.						
				3. Date Formed or Registered		
		Principal Office Address	cipal Office Address		5a. Capital Contributions as Shown on record	
222 LAKEVIEW AVENUE, 17TH FLOOR 222 LAKEVIEW AV WEST PALM BEACH FL 33401 WEST PALM BEACH				10/23/1998 3a. Dale of Last Report	\$1,000.00	
			•	Sa. Dale of Cast Report	5b Amount of Capital	
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 2a. P		2a. Principal Office Address	. Principal Office Address			
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc. City & State		6, FEI Number	Applied For	
				65-0872824	Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
				8, Make check payable to: Dept. of	State (See reverse side for fee informatio	
9.	Name and Address of Current	Registered Agent		10. If changed new Registered A	Agent/Office	
REGSERV COR	P		Name		mana a a mana m	
222 LAKEVIEW		Streel Address (P.O. Box Number 100 10				
	TACH EL 22404					
WEST PALM BE	EAUTI FL 334UI		Suite, Apt #, etc	米米米 1	41.25 ****141.25	
WEST PALM BE	EACH FL 334UI		Suite, Apt #, etc	****	41.25 ****141.25	
10a. Pursuant to the proof of the purpose of agent I am familia	rovisions of sections 620.1051 and changing its registered office or re iar with, and accept the obligations		City med limited partnership	p organized or registered under the laws of the as authorized by its general partner(s). I hereb	FL Zip Code State of Florida, submits this statement	
10a. Pursuant to the propose of agent I am familia	rovisions of sections 620.1051 and changing its registered office or rejar with, and accept the obligations Agent Accepting Appointment)	egistered agent, or both, in the State of Fix of section 620-192, Florida Statutes.	City med Irmited partnership orida Such change wa	o organized or registered under the laws of the as authorized by its general partner(s). Thereby DATE	FL Zip Code State of Florida, submits this statement by accept the appointment of registered	
10a. Pursuant to the propose of agent I am familia	rovisions of sections 620.1051 and of changing its registered office or relative with, and accept the obligations agent Accepting Appointment) PARTNER THAT MUS	egistered agent, or both, in the State of Fix of section 620 192, Florida Statutes. IS A CORPORATION T BE REGISTERED A	City med limited partnership orida Such change wa , LIMITED P ND ACTIVE	o organized or registered under the laws of the as authorized by its general partner(s). Thereby DATE	FL Zip Code State of Florida, submits this statement by accept the appointment of registered ER BUSINESS ENTITY	
10a. Pursuant to the purior the purpose of agent I am familia. SIGNATURE (Registered A GENERAL 11. Name(s) of General	rovisions of sections 620.1051 and of changing its registered office or relative with, and accept the obligations agent Accepting Appointment) PARTNER THAT MUS	egistered agent, or both, in the State of Fix of section 620-192, Florida Statutes.	City med Irmited partnership porida Such change wa , LIMITED P ND ACTIVE ral Parlner alox Numbers 111	o organized or registered under the laws of the as authorized by its general partner(s). Theret DATE ARTNERSHIP OR OTHE WITH THIS OFFICE.	FL Zip Code State of Florida, submits this statement by accept the appointment of registered	
10a. Pursuant to the purior the purpose of agent I am familia. SIGNATURE (Registered A GENERAL 11. Name(s) of General	rovisions of sections 620.1051 and for changing its registered office or relative that are sections as with, and accept the obligations agent Accepting Appointment) PARTNER THAT MUST eral Partner(s)	egistered agent, or both, in the State of Fix of section 620 192, Florida Statutes. IS A CORPORATION T BE REGISTERED A Address of Each Gener 11a. (Do NOT Use Post Office E	City med Irmited partnership porida Such change wa , LIMITED P ND ACTIVE ral Parlner alox Numbers 111	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. City, State & Zip Code	FL Zip Code State of Florida, submits this statement by accept the appointment of registered ER BUSINESS ENTITY 11c. Registration/ Document Number	
10a. Pursuant to the purpose of spent I am famili. SIGNATURE (Registered A GENERAL 11. Name(s) of General North City	rovisions of sections 620.1051 and of changing its registered office or relar with, and accept the obligations agent Accepting Appointment) PARTNER THAT MUS eral Partner(s) LEMATIS EQUITY CO	IS A CORPORATION T BE REGISTERED A Address of Each Gener 11a. (Do NOT Use Post Office E	City med Innited partnership orida Such change wa , LIMITED P ND ACTIVE ral Partner 30x Numbers) 11	DATE ARTNERSHIP OR OTHE WITH THIS OFFICE. 1b. City, State & 7 ip Code WEST PALM BEACH FL 33	FL Zip Code State of Florida, submits this statement by accept the appointment of registered ER BUSINESS ENTIT 11c. Registration/ Document Number P98000090460	

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 500_Elorida_Statutes.

SIGNATURE

DATE FEBRUARY 9, 1999

Typed or Printed Name of General Partner Signing Form PATRICK J. DISALVO, PRESIDENT Daytime Telephone Nu

Daytime Telephone Number (561) 65-9008