

**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
SECRETARY OF STATE
DIVISION OF CORPORATION
98 DEC -1 PM 12:44

1. Name of Limited Partnership
The Brownstein Limited Partnership

1a. DOCUMENT #
A98000002491

Mailing Address 1762 Piedmont Court Marco Island, FL 34145	Principal Office Address Same	3. Date Formed or Registered 11/3/98	5a. Capital Contributions as Shown on record. 250,000
2. Mailing Address 1762 Piedmont Court Suite, Apt. #, etc.	2a. Principal Office Address Same	3a. Date of Last Report None	5b. Amount of Capital Contributions in FLORIDA to date. 250,000
City & State Marco Island, FL	City & State	4. State or Country of Formation Florida	6. FEI Number 59-3540284 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 34145	Country USA	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) \$526.25

12/2

9. Name and Address of Current Registered Agent Robert D.W. Landon, II c/o Dunwody White & Landon, P.A. 4001 Tamiami Trail North, Suite 200 Naples, FL 34103	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Allowed) 202812--3 -12/04/98--01020--016 Suite, Apt. #, etc. ***526.25 ***526.25 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) Brownstein, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1762 Piedmont Ct.	11b. City, State & Zip Code Marco Island, FL 34145	11c. Registration/ Document Number P98000093232
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 **11/20/98**

Typed or Printed Name of General Partner Signing Form **Harold Brownstein, President** Daytime Telephone Number _____

Brownstein, Inc.

CR2E003 (8/98)