

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 16 AM 10:26



1. Name of Limited Partnership	1a. DOCUMENT # A98000002492
63RD STREET ASSOCIATES, LTD.	

Mailing Address		Principal Office Address	
ATTN: CRAIG ROBINS 230 FIFTH STREET MIAMI FL 33139		ATTN: CRAIG ROBINS 230 FIFTH STREET MIAMI FL 33139	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
11/03/1998	\$10,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation	
FL	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
65-0898924	
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
ROBINS, CRAIG 230 FIFTH STREET MIAMI FL 33139

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
FL
Zip Code

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
63RD STREET ASSOCIATES, INC.	230 FIFTH STREET	MIAMI BEACH FL 33139	P98000091173

100002847971--4
-04/22/99--LIT096--005
****158791****16875
OK 4/16

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 *Craig Robins* President DATE *2/15/99*

Typed or Printed Name of General Partner Signing Form *63rd Street Assoc. Inc.* Daytime Telephone Number _____

CP2E003 (12/98)