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

## LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



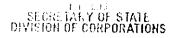
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A9800002492** 



99 APR 16 AM 10: 26



	70000002702			
63RD STREET ASSOCIATES, LTD.				
Mailing Address  ATTN: CRAIG ROBINS  230 FIFTH STREET  MIAMI FL 33139	Principal Office Address  ATTN: CRAIG ROBINS 230 FIFTH STREET  MIAMI FL 33139		3. Date Formed or Registered 11/03/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$10,000.00
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable  [1] \$8.75 Additional
Zip Country	Zıp	Country	· L	Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered A	gent/Office
ROBINS, CRAIG 230 FIFTH STREET MIAMI FL 33139		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  Zip Code		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	I		11c. Registration/
63RD STREET ASSOCIATES, INC.	230 FIFTH STREET		MIAMI BEACH FL 33139	P98000091173 (86/7) 8473714 CKSE003
			<b>1 (16)61612</b> -04/27 ****1	39901096012
Note: General partners MAY	T be changed on this form	; an amendr	nent must be filed to cha	nge a general partner.
12. I do hereby certify that the information supplied with from any liability of non-compliance with Section 119 is true and accurate and that my signature shall have execute this report as required by chapter 620, Florid	filing is voluntarily furnished and does not q	ualify for the exemption led is deemed exempt I further certify that I a	stated in Section 119.07(3)(k). Florida Stat from public access. I further certify that the m a General Partner of the limited partners	ules. I release the Division of Corporations information indicated on this annual report hip, receiver or trustee empowered to
SIGNATURE		Pr	esident DATE	2/15/29