

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

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership: FLORIDA INSURANCE INVESTMENT PARTNERSHIP, LTD. 1a. DOCUMENT #: A9800002636

2. Mailing Address: 1000 BRICKELL AVE. SUITE 900 MIAMI, FL 33131 2a. Principal Office Address: SAME 3. Date formed or Registered: DEC 1/98 3a. Date of Last Report: 4. State or Country of Formation: FLORIDA 5a. Capital Contributions: \$10,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$10,000.00 6. FEI Number: 65-0878064 7. Certificate of Status Desired: [X] \$8.75 Additional Fee Required 8. MAKE CHECK PAYABLE TO Dept. of State

9. Name and Address of Current Registered Agent: TIMOTHY J. HEEHAN BLANK, PIGSBY & HEEHAN, P.A. 204 SOUTH MONROE ST. TALLAHASSEE, FL 32301 10. If changed, new Registered Agent/Office: Name, Street Address, Suite, Apt. #, etc., City, State (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 620.197, 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): FLORIDA INSURANCE INVESTMENT, LLC 11a. Address of Each General Partner: 1000 BRICKELL AVE. SUITE 900 11b. City, State & Zip Code: MIAMI, FL 33131 11c. Registration/Document Number: L9800002924 300002747953-1 -01/20/99--01067--010 \*\*\*\*\*167.50 \*\*\*\*\*167.50

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 effect 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: [Signature] DATE: 12/29/98 Typed or Printed Name of General Partner Signing Form: STEPHEN L. PERLOVE Daytime Telephone Number: 305-702-5503