REVOCATION AND	\$500 PENALTY FEE			
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE  Katherine Harris  Sècretary of State  DIVISION OF CORPORATIONS		FILED 99 MAR 15 PH 4: 20	
1. Name of Limited Partnership	1a. DOCUMENT # <b>A9800002731</b>		SLOAR MACCOESTATE THURSHAMANA BARAN BAR	
HALLMARK SOUTH, LTD.				881)) 89))) 88))) 88)) 88)) 88)) 110) 
Mailing Address 433 PLAZA REAL. SUITE 275 BOCA RATON FL 33432	Principal Office Address 433 PLAZA REAL. SUITE 275 BOCA RATON FL 33432		3, Date Formed or Registered 12/10/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FL ORIDA to date
Suite, Apt. #, etc	Suite, Apt. #, etc.		6, FEI Number	Applied For
City & State	City & State		APPLIED FO	
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 information	
9. Name and Address of Current Ro	egistered Agent		10. If changed new Registered A	Agent/Office
FHS CORPORATE SERVICES, INC. 11780 U.S. HIGHWAY ONE, SUITE 300 NORT PALM BEACH FL 33408		Name ROGER EVANS HALL Street Address (P.O. Box Number Is Not Acceptable)  43.3 PLAZA REAL #275		
10a. Pursuant to the provisions of sections 620 1051 and 6 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment).  A GENERAL PARTNER THAT I	stered agent, to both, in the State of Florid section 600192 Florid Statutes.	a Such change was aut	nized or registered under the laws of the norized by its general partner(s). I herebonized by TNERSHIP OR OTHE	y accept the appointment of registered 2/19/99
11. Name(s) of General Partner(s)	BE REGISTERED AN  11a. (Do NOT Use Post Office Box		City, State & Zip Code	11c. Registration/
HALLMARK SOUTH, INC.			SOCA RATON FL 33432	P98000028372
			50000000000000000000000000000000000000	8158301 8/3901086001 41.25 ****141.25

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 ship have the same legal effects as if made under oath 1 further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by obtainer 650 Florida Statutes.

SIGNATURE

2/19/99

Daytime Telephone Number 561-362-5234