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

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LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE  Secretary of State		SECRETARY OF STATE DIVISION OF CORPORATIONS	
1999	DIVISION OF CO	RPORATIONS	99 FEB 15 AN	1 3: 15
1. Name of Limited Partnership	1a. DOCUMENT # A98000002874			
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	qq-AR			
BOYNTON LE CHALET PARTNERS LTD.			3. Date Formed or Registered	
Mailing Address	dress Principal Office Address			<b>5a.</b> Capital Contributions as Shown on record
7850 N.W. 146th Street Miami Lakes, Florida 33016			December 21, 1998  3a. Date of Last Report	\$950,000.00
			No.	5b. Amount of Capital
			4. State or Country of Formation	Contributions in FLORIDA to date:
2. Mailing Address 7850 N.W. 146th Street	2a. Principal Office Address 7850 N.W. 146th S	treat	Florida	\$950,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	¥9
0			1	Applied For Not Applicable
City & State  Miami Lakes, FL 33016  Zip Country	City & State Miami Lakes, Florida 33016 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 Registered Agent 10. If changed, new Registered Agent/Office				
Steven B. Dolchin, P.A.				
4330 Sheridan Street - Suite 202B			Box Number 194101 Acceptably	
Hollywood, Florida 33021 Suite, Apt W. etc			<del></del>	<del>/99 - U1U45 U14</del>
	Спу		*****526 <b>. [6] ****</b> *526.25	
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 629, 192, Florida Statutes.				
SIGNATURE (Registered Agent Accepting Appointment) Al ally By/all DATE 7/6/99				
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 (Do NOT Use Post Office Bo	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
Boynton Le Chalet, Inc.	7850 N.W. 146th S	treet Miam	d Lakes, FL 33016	4980000 <del>02874</del>
	<u> </u>	<u> </u>	·	
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 indiaccurate 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 chapte 620, Florida Statutes.				
SIGNATURE DATE DATE DATE				
Typed or Printed Name of General Partner Signing Form VCICHMW - CNWGW Daytime Telephone Number				