


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -3 PM 12:41	
1. Name of Limited Partnership		1a. DOCUMENT # B93000000524			
ALLBER VENTURES (HIGHPOINT) LTD.					
Mailing Address 225 S. WESTMONTE DRIVE SUITE 3020 ALTAMONTE SPRINGS FL 32714		Principal Office Address ONE YORKDALE ROAD, SUITE 510 NORTH YORK, ONTARIO M6A 3A1 CANADA		3. Date Formed or Registered 11/30/1993	
2. Mailing Address 2221 Lee Road Suite, Apt. #, etc. Suite 24 City & State Winter Park, Florida Zip Country 32789 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$6,942,453.00	
				3a. Date of Last Report 12/24/1997	
				4. State or Country of Formation OC	
				5b. Amount of Capital Contributions in FLORIDA to date: \$3,001,117.00	
				6. FEI Number 98-0112575 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				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 PRATT, JAMES R ESQ. 369 NORTH NEW YORK AVENUE, 3RD FLOOR WINTER PARK FL 32789					
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	
833846 ONTARIO LIMITED		ONE YORKDALE ROAD, SU		NORTH YORK, ONT., CAN	
				11c. Registration/ Document Number F93000005440	
				500002707345--6 -12/03/98--01069--003 ****526.25 ****526.25	
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 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 BY: <u>833846 ONTARIO LIMITED</u> DATE: <u>Nov. 24/98</u>					
Typed or Printed Name of General Partner Signing Form <u>833846 ONTARIO LIMITED, BY: SHOE</u> Daytime Telephone Number <u>416/ 785-6000</u> <u>SILVER</u>					

CR2E003 (8/98)