## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **B94000000298** 

FILED 97 OCT 16 PH 2: 48 SECRETARY OF STATE TALLAHASSEE, FLORIDA



Daytime Telephone Number (407) 238-2232

GRAND BEACH PARTNERS, L.P. (LTD.)							
Mailing Address 12016 TURTLE CAY CIRCLE LEGAL ADMINISTRATION	TURTLE CAY CIRCLE 911 - WILDHINE - DLYD BUITE - 2250			3. Date Formed or Registered 07/26/1994 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$200,000.00		
ORLANDO FL 32836	100			<b>10/07/1996 4.</b> State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address 5933 W. Century Blvd.			CA O		0	
Suite, Apt. #, etc.	Suite Apl. 1 etc. Suite 210 Cav & State Los Angeles, CA			6. FEI Number 95-4499250	95-4499250 Applied For Not Applicable  Certificate of Status Desired \$8.75 Additional		
City & State				7. Certificate of Status Desired			
Zip Country	90045 Country USA			Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current R	egistered Agent	<u> </u>		10. If changed, new Registere	d Agent/Office		
GIANNONI, GENEVIEVE  12016 TURTLE CAY CIRCLE  LEGAL ADMINISTRATION DEPARTMENT  ORLANDO FL 62836  10a. Pursuant to the provisions of sections 620 1051 and of for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of the purpose of Changing Appointment).  A GENERAL PARTNER THAT I MUST	gist red alignit, or both, in the State of For	Street Addr. 12016 Suite, Apt. City Or1a Or1a Summile partnrida. Such char	ess (P.O. B Turt I, etc. ndo ership orga nge was aut	DATE	FL he State of Florida eby accept the ap	pointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	al Partner ox Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
ARGOSI/KGI GRAND BEACH INVES	<del>011 WILSHIRE BLVD.</del> ; 5933 W. Centur	ry Blv		90045 90045 90002 -10/20 *****	3244 78701	99 0 125003 ****156.25	
Note: General partners MAY NOT  12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with 5 this annual report is true and accurate and that my sign empowered to execute this report as required by chapt	s filing is voluntarily furnished and does no ection 19.07(3)(k) in the event that the in flure shall be volto same legal effects as	ot qualify for the	exemption	stated in Section 119.07(3)(k), Florida ned exempt from public access. I furt er certify that I am a General Partner o	Statutes, I release ner certify that the i if the limited partne	the Division of information indicated on ership, receiver or trustee	
SIGNATURE	harles C. Frey, VP/	Treasur		DATE	7/11/9	<b>!</b>	