


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
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FILED

98 DEC 18 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # B96000000020
DERN EQUITY PARTNERS, LIMITED PARTNERSHIP	

Mailing Address 6745 WOODBRIDGE DRIVE BOCA RATON FL 33434	Principal Office Address 6745 WOODBRIDGE DRIVE BOCA RATON FL 33434	3. Date Formed or Registered 01/11/1996	5a. Capital Contributions as Shown on record. \$574,897.63
		3a. Date of Last Report 12/09/1997	5b. Amount of Capital Contributions in FLORIDA to date: * 1,599,379.03
		4. State or Country of Formation DE	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0635243	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent EQUITY MANAGERS, LLC % DERN 6745 WOODBRIDGE DRIVE BOCA RATON FL 33434	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 200002716147--3 Suite, Apt. #, etc. -12/18/98--01075--003 City ***2276.25 ***426.25 FL
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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	11c. Registration/Document Number
EQUITY MANAGERS, L.L.C.	6745 WOODBRIDGE DRIVE	BOCA RATON FL 33434	M96000000016

dec

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 *Equity Managers, LLC, The General Partner* DATE 12/9/98
by Alvin DERN, MEMBER
Typed or Printed Name of General Partner Signing Form ALVIN DERN Daytime Telephone Number 561-883-0740

CR2E003 (8/98)