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
99 JAN 13 AM 8:28

1. Name of Limited Partnership

1a. DOCUMENT # B97000000046

FALCON TRACE PARTNERS LIMITED PARTNERSHIP

Mailing Address	Principal Office Address
2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133-5461	2601 SOUTH BAYSHORE DRIVE MIAMI FL 33133-5461

3. Date Formed or Registered: 01/27/1997
3a. Date of Last Report: 01/02/1998
4. State or Country of Formation: DE
5a. Capital Contributions as Shown on record: $3,514,136.99
5b. Amount of Capital Contributions in FLORIDA to date: 3,807,712.
6. FEI Number: 76-0524154 ☐ Applied For ☐ Not Applicable
7. Certificate of Status Desired ☐ $8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for fee information)

2. Mailing Address: 2601 SOUTH BAYSHORE DRIVE
Suite, Apt. #, etc.: SUITE 900
City & State: MIAMI FL
Zip: 33133 5461 Country:

2a. Principal Office Address
Suite, Apt. #, etc.:
City & State:
Zip: Country:

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. If changed, new Registered Agent/Office
Name:
Street Address (P.O. Box Number Is Not Acceptable):
Suite, Apt. #, etc.:
City: FL Zip Code-022

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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
FALCON TRACE-CYPRESS LIMITED	1800 WEST LOOP SOUTH,	HOUSTON TX 77027	B97000000043

CR2E003 (8/98)

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: Falcon Trace-Cypress Limited Partnership By: Falcon Trace-Cypress Inc. By: M. Timothy Clark

DATE 12/30/98

Typed or Printed Name of General Partner Signing Form: M. TIMOTHY CLARK

Daytime Telephone Number: 713 622-7270