


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	
1. Name of Limited Partnership BEACON TRADEPORT ASSOCIATES LIMITED PARTNERSHIP		1a. DOCUMENT # B97000000193		
Mailing Address 1999 AVENUE OF THE STARS SUITE 1200 LOS ANGELES CA 90067		Principal Office Address 1999 AVENUE OF THE STARS SUITE 1200 LOS ANGELES CA 90067		
2. Mailing Address 200 S. Park Road Suite, Apt. #, etc. #200 City & State Hollywood, FL Zip Country 33021 USA		2a. Principal Office Address 200 S. Park Road Suite, Apt. #, etc. #200 City & State Hollywood, FL Zip Country 33021 USA		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Formed or Registered 04/23/1997	5a. Capital Contributions as Shown on record \$14,681,716.76
3a. Date of Last Report 12/12/1997	5b. Amount of Capital Contributions in FLORIDA to date \$15,394,592.13
4. State or Country of Formation DE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FIC Number 52-2033085	7. Certificate of Status Desired <input checked="" 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL	
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) BEACON TRADEPORT GENPAR, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1999 AVENUE OF THE ST	11b. City, State & Zip Code LOS ANGELES CA 90067	11c. Registration Document Number F97000002151
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 effect 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.			
By: Beacon Tradeport Genpar, Inc.			
SIGNATURE _____		DATE December 15, 1998	
Typed or Printed Name of General Partner Signing Form Michael Swerdlow, Ex. Vice Pres.		Daytime Telephone Number (954) 981-1000	

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