FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of Sate DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # B9700000529

JRK-FLORIDA PARTNERS, LIMITED PARTNERSHIP

SECRETARY OF STATE DIVISION OF CORPORATIONS

99 APR 16 PH 3: 21



Adding Address 11766 WILSHIRE BLVD SUITE 1270 LOS ANGELES CA 90025 2. Mailing Address Suite, Apt. #, etc.	Principal Office Address 11766 WILSHIRE BLVD SUITE 1270 LOS ANGELES CA 90025 2a. Principal Office Address 1714 6 WILSHITE. BLV Suite, Apt. #, etc.	3. Dale Formed or Registered 10/07/1997 3a. Dale of Last Report 03/30/1998 4. State or Country of Formation DE 6. FEI Number	5a. Capital Contributions as Shown on record \$1,100,000.00 5b. Amount of Capital Contributions in FLORIDA to date
Suite 1450 City & State LUS Angeles, CA Zip Country 90085 USA	City & State LOS Angeles, CA Zip Country 90000 USA	7. Certificate of Status Desired 8. Make check payable to Dept of	Applied For Not Applicable \$8.75 Add tional Fee Required State (See reverse side for fee information
9. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City Zip Code	
			FL ``
signature (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	1 620 192, Florida Statutes, the above-named limited partner agistered agent, or both, in the State of Florida. Such chairs	pe was authorized by its general partner(s). I here DATE PARTNERSHIP OR OTH	FL submits this statement by accept the appointment of registered

12. Ido 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 419-07(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

Daytime Telephone Number