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

SIGNATURE _

1a. DOCUMENT # B9700000608

FIGURE SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 22 PM 3: 00

PARK OPERATING ASSOCIATE	ES ,	
Principal Office Address 330 GARFIELD STREET SUITE 200 SANTA FE NM 87501 2a. Principal Office Address Suite, Apt. #, etc.	3. Date Formed or Registered 11/12/1997 3a. Date of Lest Report 12/23/1997 4. State or Country of Formation NM 6. FEI Number 74-2857215	5a. Capital Contributions as Shown on record. \$1,100,000.00 5b. Amount of Capital Contributions in FLORIDA to date: Applied For Not Applicable
Zip Country	7. Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required
urrent Registered Agent	10, If changed, new Registere	1 Agent/Office
Street Ac Suite, Ap City 51 and 620,192, Florida Statutes, the above-named limited par ce or registered agent, or both, in the State of Florida. Such cha pations of section 620,192, Florida Statutes.	it. #, etc. thership organized or registered under the laws of the lange was authorized by its general partner(s). I hereby	y accept the appointment of registered
AT IS A CORPORATION, LIMITE UST BE REGISTERED AND ACT	D PARTNERSHIP OR OTHE IVE WITH THIS OFFICE.	R BUSINESS ENTITY
Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
330 GARFIELD ST., #20	SANTA FE NM 87501 6000026 -09/23/ *****5	M9700000746 5475164 9801084022 26.25 ****526.25
	Principal Office Address 330 GARFIELD STREET SUITE 200 SANTA FE NM 87501 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country urrent Registered Agent Name Street Ad Suite, Ap City 51 and 620.192, Florida Statutes, the above-named limited parce or registered agent, or both, in the State of Florida. Such chapations of section 620.192, Florida Statutes. (i) IAT IS A CORPORATION, LIMITE UST BE REGISTERED AND ACT 11a. (Do NOT Use Post Office Box Numbers)	Principal Office Address 33. Date Formed or Registered 11/12/1997 33. Date of Last Report 12/23/1997 4. State or Country of Formation NM Suite, Apt. #, etc. City & State Zip Country Tourish Registered Agent 10. If changed, new Registered Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Suite, Apt. #, etc. City Tourish Registered Agent In the State of Forde. Such change was authorized by its general partner(s). I hereb gations of section 520.192, Florida Statutes. Address of Each General Partner In a. (Do NOT Use Post Office Box Numbers) 33. Date Formed or Registered 11/12/1997 34. State or Country 65. Fell Number 74-2857215 7. Certificate of Status Desired 8. Make check payable to: Dept. of: City Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Date In and \$20.192, Florida Statutes. In) Date In Its A CORPORATION, LIMITED PARTNERSHIP OR OTHE UST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. (Do NOT Use Post Office Box Numbers) 330 GARFIELD ST., #20 SANTA FE NM 87501

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 not compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public scoess. I further certify that the information indicated on this annual report is true and accurate and that my slope-ture shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited pertnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

Daytime Telephone Number