


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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 NOV -5 PM 12: 03 mtm 11/6	
1. Name of Limited Partnership PALM BEACH REGAL, L.P.		1a. DOCUMENT # B98000000063			
2. Mailing Address 810 SEVENTH AVENUE, 28TH FLOOR NEW YORK NY 10019		2a. Principal Office Address C/O CSC 1013 CENTRE ROAD WILMINGTON DE 19805		3. Date Formed or Registered 01/20/1998	
				3a. Date of Last Report	
				4. State or Country of Formation DE	
				5a. Capital Contributions as Shown on record. \$2,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent MURRAY, STANLEY L 82-60 S.W. 87TH TERRACE MIAMI FL 33143				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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					
FB PALM BEACH CORP.		810 SEVENTH AVENUE, 2		NEW YORK NY 10019	
F98000000344				900002684399--6 -11/10/98--01048--001 ****141.25 ****141.25	
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 X		JAY FURMAN		DATE 9/17/98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number			

CR2E003 (8/98)