

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. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 25 PM 4: 55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  MARTIN SQUARE, L.P.	1a. DOCUMENT # B98000000132
---	--------------------------------

Mailing Address 2601 EAST OAKLAND PARK BLVD., SUITE 604 FORT LAUDERDALE FL 33306	Principal Office Address 2601 EAST OAKLAND PARK BLVD., SUITE 604 FORT LAUDERDALE FL 33306	3. Date Formed or Registered 03/02/1998	5a. Capital Contributions as Shown on record. \$2,700,000.00
2. Mailing Address Suite 205	2a. Principal Office Address Suite 205	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation DE	6. FEI Number 65-0812303
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to, Dept. of State (See reverse side for fee information) 451.50	

9. Name and Address of Current Registered Agent COOK, RICHARD E 2601 EAST OAKLAND PARK BLVD., SUITE 604 FORT LAUDERDALE FL 33306	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) GRIFFIN ROAD ASSOCIATES	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2601 EAST OAKLAND PAR	11b. City, State & Zip Code FORT LAUDERDALE FL 33	11c. Registration/ Document Number GP9800000287
000002785130-0 03/04/99-01090-021 ****526.25 ****526.25 44 3-2-99			

**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

*Richard E. Cook*

DATE

10/21/98

Typed or Printed Name of General Partner Signing Form

Richard E. Cook

Daytime Telephone Number

954 567 9356

CR2E003 (8/98)