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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE

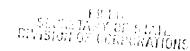
Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SLF PALM BEACH, L.P.

1a. DOCUMENT # **B9800000188**



99 MAR 16 PM 4: 00



Melling Address C/O S. LAWRENCE SCHLAGER	Principal Office Address C/O S. LAWRENCE SCHLAG	GER	3, Date Formed or Registered 03/30/1998	5a. Capital Contributions as Shown on record
125 EL MIRASOL	125 EL MIRASOL Palm Beach Fl 33480		3a. Date of Last Report	
PALM BEACH FL 33480 PALM BEACH FL 33480 2. Mailing Address 2a. Principal Office Address			4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to dale.
Suite, Apt. #, etc.	etc. Suite, Apt. #, etc.			
Suite, Apr. W. etc.			6. FEI Number	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable
Zip Country	Zip	Country		\$8.75 Additional Fee Required
			6. Make theck payable to Dept of	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
DORSET II, INC. C/O S. LAWRENCE SCHLAGER 125 EL MIRASOL PALM BEACH FL 33480		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc		
		City		Fi Zip Code
for the purpose of changing its registere agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoi	20.1051 and 620.192, Florida Statutes, the above-na of office or registered agent, or both, in the State of Fi e obligations of section 620.192, Florida Statutes Intract) THAT IS A CORPORATION MUST BE REGISTERED A	lorida Such change w	as authorized by its general partner(s) I hereb DATE ARTNERSHIP OR OTHE	y accept the appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office	ral Partner 1	(h. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	Decistant
	Uo NOT Use Post Office.	Box Numbers)	b. City, State & Zip Code	11c. Registration/ Document Number
DORSET II, INC.	125 EL MIRASOL	Box Numbers)	PALM BEACH FL 33480	

execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

rly

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby centify 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

DATE 3/3/99

Daylinie Telephone Number

CR2E003 (12/98