


**FILE ON OR BEFORE DECEMBER 31, 1998 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

98 DEC 31 PM 3:24

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>1. Name of Limited Partnership</b> FAU TOWER ASSOCIATES LIMITED PARTNERSHIP		<b>1a. DOCUMENT #</b> B98000000720	
<b>2. Mailing Address</b> 200 S. Park Road #200 Hollywood, FL 33021 USA		<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	
<b>3. Date Formed or Registered</b> 12/29/98		<b>5a. Capital Contributions as Shown on record.</b> 100	
<b>3a. Date of Last Report</b>		<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> -0-	
<b>4. State or Country of Formation</b>		<b>6. FEI Number</b> <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b> Theodore R. Stotzer, Esq. 200 S. Park Road, #200 Hollywood, FL 33021		<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City, State, Zip Code FL	
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**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
SREG FAU, INC	200 S. Park Road	Hollywood, FL 33021	F9800007041
BankAtlantic Venture Partners 7, Inc.	1350 NE 56 Street	Ft. Lauderdale, FL 33334	P98000028650

**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 Marshall N. Pasternack DATE 12-31-98

Typed or Printed Name of General Partner Signing Form MARSHALL N. PASTERNAK Daytime Telephone Number \_\_\_\_\_

CR2E003 (6/97)



ACCOUNT NO. : 072100000032  
 REFERENCE : 084899 4303929  
 AUTHORIZATION : *Patricia Pizette*  
 COST LIMIT : \$ 191.25

ORDER DATE : December 31, 1998  
 ORDER TIME : 11:26 AM  
 ORDER NO. : 084899-010  
 CUSTOMER NO: 4303929  
 CUSTOMER: Ms. Rosa Wong  
 Greenberg Traurig  
 1221 Brickell Avenue  
 20th Floor  
 Miami, FL 33131

ANNUAL REPORT FILING

RECEIVED  
 90 DEC 31 PM 1:57  
 THE UNITED STATES CORPORATION

NAME: FAU TOWER ASSOCIATES LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING = 4 GOOD STANDINGS

CONTACT PERSON: Sara Lea

EXAMINER'S INITIALS: \_\_\_\_\_