FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700007262 (3)

1. Corporatio	ELL PARTNERS DEVELOPN	MENT COMPANY	,			
Principal Place of Business Mailing Address						
3160 MIRO DRIVE SOUTH PALM BEACH FL 33410 3160 MIRO DRIVE SOUTH PALM BEACH FL 33410						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						01/24/1997
2. Principal P	2a. Mailing Address	. Mailing Address			4. FEI Number - Applied For	
21		26				65-0-21646 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required
City & Stat	e	City & State				6. Election Campaign Financing\$5.00 May Be
23		28	·			Trust Fund Contribution Added to Fees
Zip	Country Zip C		Cou	ntry	,	8. This corporation owes or has paid the current year Intangible
24	25 29 30					Personal Property Tax due June 30. Yes No
	Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
BYRD, BARRY B				81	Name	
4100 RCA BLVD.				82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
SUITE 100						,
PALM BEACH GARDENS FL 33410				83		
			f	84	City	85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE						
Maria 1811 1811 1811 1811 1811 1811 1811 18				Age	ent signature re	quired when reinstating) DATE
12.	D OFFICERS AN	D DIRECTORS DELETE	13.		· · ·	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
=4	DIAM DIMENSIA		1.1 717		١,	
NAME	AAAA BOL BUUD AUSTE AAA		1.2 NA	-		BYRD, BARRY B. 4100 RCA BIVE., SUITE 100
STREET ADORESS	DALLA DELONI GARDENO EL AGALO				ADDRESS	
CITY-ST-ZIP TITLE			1.4 CIT		T-ZIP	
		☐ DEFE1E	2,1 TIT		1	Change Addition
NAME			2.2 NA			
STREET ADDRESS			1		ADDRESS	
CITY-ST-ZIP			2, 4 Cl		ST-ZIP	Change Addition
' ' '		☐ ocreic	3.1 TiT		ļ	Grange Addition {
NAME CERTET APPRICE			3.2 NA		Innoces	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		□ DELETE	3,4. CI		si-ZIP	☐ Change ☐ Addition
i		L. DELETE	4.1 TIT			ET Grange Modulon
NAME STREET ADDRESS			4. 2 NA		ADDRESS	
			■ 938H	SEEL	AUGBESS	I

14. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

4.4 CITY - ST- ZIP

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME 6.3 STREET ADDRESS

DELETE

DELETE

SIGNATURE:

CITY - ST - ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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561.624.1131

Change

___ Addition

☐ Addition:

FILED

Jan 20 1998 8:00am

Secretary of State