

**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
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FILED
99 FEB 23 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership SPID LTD.	1a. DOCUMENT # A26764
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Mailing Address 701 BRICKELL AVENUE, SUITE 850 MIAMI FL 33131	Principal Office Address 701 BRICKELL AVENUE, SUITE 850 MIAMI FL 33131	3. Date Formed or Registered 07/20/1988	5a. Capital Contributions as Shown on record \$10,000.00
2. Mailing Address		3a. Date of Last Report 02/26/1998	
2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.		6. FEI Number NOT APPLICABLE	
City & State		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent SULLIVAN, JOHN PRS INTERNATIONAL, INC. 801 BRICKELL AVE., SUITE 1301 MIAMI, FL FL 33131	10. If changed, new Registered Agent/Office
Name	
Street Address (P.O. Box Number is Not Acceptable) 200002793642-4	
Suite, Apt. #, etc. -03/03/99--01059--012	
City ***2396.25 ***158.75 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
SPID, COMPANY, LTD. SPID COMPANY, INC.	THE LAKE BUILDING, FI 701 BRICKELL AVENUE, <i>6/23/99</i>	TORTOLA, BRT. VIR. ISL. MIAMI FL 33131-2851	F83000002121 K28915 <i>158.75</i>

***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 _____ DATE _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)