

**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
---	---	---

FILED
98 OCT 12 AM 10:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership BODWIN, LTD.	1a. DOCUMENT # A27657 <i>99-PR CM</i>
---	--



Mailing Address 12705 N.W. 42ND AVENUE OPA LOCKA FL 33054	Principal Office Address 12705 N.W. 42ND AVENUE OPA LOCKA FL 33054
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/23/1988	5a. Capital Contributions as Shown on record. \$3,000,000.00
3a. Date of Last Report 10/13/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0095751	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input checked="" 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

**MILLER, SCOTT
C/O BODWIN, LTD.
12705 N.W. 42ND AVENUE
OPA LOCKA FL 33054**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
SGYO CORP.	12705 NW 42TH	OPA LOCKA FL 33054	K50054

300002666093--3
-10/16/98--01110--015
******535.00 ****535.00**

CR2E003 (8/98)

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 *[Signature]* DATE **9/5/98**

Typed or Printed Name of General Partner Signing Form **S. L. FURNACE** Daytime Telephone Number **305 688 9832**