

**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

FILED

99 MAR 19 PM 12:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership SAW-BAN, LTD.		1a. DOCUMENT # A29828		3. Date Formed or Registered 03/23/1990		5a. Capital Contributions as Shown on record \$5,197,500.00	
Mailing Address 2025 GUADALUPE ST. SUITE 130 DOBIE MALL AUSTIN TX 78705		Principal Office Address 2025 GUADALUPE ST. SUITE 130 DOBIE MALL AUSTIN TX 78705		3a. Date of Last Report 12/04/1997		5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FL		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 65-0184621		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent REINHARD, SANFORD N., ESQ. 2875 N.E. 191ST ST. SUITE 404 NORTH MIAMI BEACH FL 33180				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) DIG-USA, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2025 GUADALUPE ST, SU 400 TOWNH PARK TR		11b. City, State & Zip Code AUSTIN TX 78705 78751		11c. Registration/Document Number M95525	
<p>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</p> <p>3000002823683--1 -03/30/99--01060--015 ****5225 ****526.25</p> <p><i>Handwritten:</i> 42 3-25-99</p>							
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 <i>[Signature]</i> V. P. of General Partner				DATE 3/1/99			
Typed or Printed Name of General Partner Signing Form				Daytime Telephone Number			

CR2E003 (*298)