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

1. Name of Limited Partnership

DOCUMENT # A9300000014

FILED

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DJRK, LTD.			1 100/011 PB/B PB/B0 1/1/1/ 00/1	I BBAN COMA BBAN BBAN COMA BBAN MUM BIEN FOC
Mailing Address PO BOX 1008 TAMPA FL 33601-1008	Principal Office Address 823 BAYSHORE BLVD. TAMPA FL 33606		3. Date Formed or Registered 01/04/1993 33. Date of Last Report 09/08/1997	5a. Capital Contributions as Shown on record \$160,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt #, etc		State or Country of Formation FL FE! Number	Contributions in FLORIDA to date
City & State	City & State		59-3157741 Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional
Zip Country	Zip Co	ountry	Fee Required 8. Make check payable to Dept of State (See reverse side for fee information)	
KING, RODGER B 823 BAYSHORE BLVD. TAMPA FL 33606		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
for the purpose of changing its registered of agent. I am familiar with, and accept the oble * SIGNATURE (Registered Agent Accepting Appointment		Such change was authoriz	ed by its general partner(s). I here DATE	by accept the appointment of registered
11. Name(s) of General Partner(s)	MUST BE REGISTERED AND Address of Each General Part 11a. (Do NOT Use Post Office Box Nu	ACTIVE WITH	THIS OFFICE. City, State & Zip Code	44 Registration/
KING, RODGER B	823 BAYSHORE BLVD.		PA FL 33606	Document Number
	NOT be changed on this form:		64 (4) 0002 10219 10219 10219	7808548 79901062011 *8.75 ******8.75

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 kability of non-compliance with Section 119 07(3)(k) in the event that the information supplied is deemed exempl from public access. 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