

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 OCT -6 AM 11:22

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1.</b> Name of Limited Partnership  MATA CUMBE ENTERPRISES, LTD.	<b>1a.</b> DOCUMENT # <b>A94000000045</b>  <i>98-AR CM</i>
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<b>2.</b> Mailing Address  1048 KANE CONCOURSE, 2B BAY HARBOR FL 33154	<b>2a.</b> Principal Office Address  1048 KANE CONCOURSE, 2B BAY HARBOR FL 33154	<b>3.</b> Date Formed or Registered 01/05/1994  <b>3a.</b> Date of Last Report 11/13/1996  <b>4.</b> State or Country of Formation FL	<b>5a.</b> Capital Contributions as Shown on record.  <b>\$124,230.00</b>  <b>5b.</b> Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>6.</b> FEI Number 65-0458307	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	<b>7.</b> Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	<b>8.</b> Make check payable to: Dept. of State (See reverse side for fee information)	

<b>9.</b> Name and Address of Current Registered Agent  GADINSKY, SETH 1048 KANE CONCOURSE, SUITE 2B BAY HARBOR ISLANDS FL 33154	<b>10.</b> If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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**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
MATA CUMBE ENTERPRISES, INC.	1048 KANE CONCOURSE,	BAY HARBOR FL 33154	P92000001657
800002315398-- 6 -10/08/97--01103--005 *****541.25 *****541.25			

**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 10/1/97  
 Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number 205 868 9188

CR2E003 (6/97)