

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 17 AM 10:28

1. Name of Limited Partnership	1a. DOCUMENT # A96000000137
ELECTRODYN SYSTEMS, LTD.	



Mailing Address 5425 NW 24TH. SUITE 211 MARGATE FL 33063	Principal Office Address 5425 NW 24TH. SUITE 211 MARGATE FL 33063	3. Date Formed or Registered 01/01/1996	5a. Capital Contributions as Shown on record. \$ 235,524.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date: 0
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0631944
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent SWEETAPPLE, ROBERT A ESQUIRE 465 EAST PALMETTO PARK ROAD BOCA RATON FL 33432	10. If changed, new Registered Agent/Office Name: <u>Danice Marinelli</u> Street Address (P.O. Box Number Is Not Acceptable): <u>5425 N.W. 24 ST.</u> Suite, Apt. #, etc.: <u>211</u> City: <u>Margate</u> Zip Code: <u>FL 33063</u>
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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) Danice Marinelli DATE 11-4-98

**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
DOMINO, INC.	5425 NW 24 STREET, BA	MARGATE FL 33063	P95000095881

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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 Danice Marinelli DATE 11-17-98
Typed or Printed Name of General Partner Signing Form Danice Marinelli Daytime Telephone Number 954-968-8179

CR2E003 (8/98)