

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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 NOV 24 PM 3:34

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| 1. Name of Limited Partnership KATANA LIMITED PARTNERSHIP | 1a. DOCUMENT # A96000000195 |
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| 2. Mailing Address P.O. BOX 353730 PALM COAST FL 32135 | 2a. Principal Office Address P.O. BOX 353730 PALM COAST FL 32135 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip Country | Zip Country |

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| 3. Date Formed or Registered 01/24/1996 | 5a. Capital Contributions as Shown on record. \$1,000.00 |
| 3a. Date of Last Report 12/17/1996 | 5b. Amount of Capital Contributions in FLORIDA to date. |
| 4. State or Country of Formation FL | |
| 6. FEI Number 59-3361781 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

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| 9. Name and Address of Current Registered Agent ECKER, EDWARD 5 CHERRY CT PALM COAST FL 32137 |
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| 10. 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 620.105-1 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 |
|-----------------------------------|---|-----------------------------|---|
| ECKER, EDWARD | P.O. BOX 353730 N/A | PALM COAST FL 32135 | 500002360905--5 -12/02/97--01061--015 ****156.25 ****156.25 |

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 Edward Ecker DATE 11/13/97

Typed or Printed Name of General Partner Signing Form EDWARD ECKER Daytime Telephone Number 904 446 3888

CR2E003 (6/97)