FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

FILED

1999		Secretary of State DIVISION OF CORPORA		PH 3: 21	
Name of Limited Partnership	1a. A 9	DOCUMENT 6000000872	# SEGRETAR	SEGRETARE OF REALE	
RICH KIDS, LTD.			1 100/101/ (2/10 12/10 07/1/ B	BAH TOMP BRAH BBAH BBAH BRAH BBAH HAN HORIZ 1111 A	
Mailing Address	Principal Office	e Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
2357 N.E. 28TH COURT LIGHTHOUSE POINT FL 33064 2357 N.E. 28TH COURT LIGHTHOUSE POINT FL			05/03/1996 3a. Date of Last Report	\$3,000,000.00	
			10/02/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principa	al Office Address	4. State or Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #,	etc.	6. FEI Number 65-0663104	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8, Make check payable to Depl	of State (See reverse side for fee information	
9. Name and Address of	of Current Registered Agent		10. If changed, new Register	ed Agent/Office	
777 SOUTH FLAGLER DRIVE, #5 WEST PALM BEACH FL 33401 10a. Pursuant to the provisions of sections 62/ for the purpose of changing its registered agent. I am familiar with, and accept the or	0.1051 and 620.192, Florida St. office or registered agent, or b	Suite, Apt City alutes, the above-named limited partially, in the State of Florida. Such chair		30/99 - 01031 010 526.25 - 256.26 .25 - FL the State of Florida, submits this statement	
SIGNATURE (Registered Agent Accepting Appoint		DODATION LIMITE	D PARTNERSHIP OR OTI		
A GENERAL PARTNER	MUST BE REGI	STERED AND ACT	IVE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (00 N	Idress of Each General Partner OT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
RKL, CORP.	2357	n.e. 28th Court	LIGHTHOUSE POINT FL 3	P96000037799	
			3c 26-99		
Note: General partners MA	Y NOT be change	d on this form; an am	nendment must be filed to c	hange a general partner.	
12. I do hereby certify that the information supplifrom any kability of non-compliance with Sec	ied with this filing is voluntarily f	urnished and does not qualify for the	exemption stated in Section 119 07(3)(k), Florida	Statutes Trelease the Division of Corporation	

from any kability 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 replacement 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 firmited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

SNATURE

DATE

3/18/92

Lor Printed Name of General Partner Signing Form

Daytinic Telephone Number

957/788-9370

Typed or Printed Name of General Partner Signing Form