

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

(1)

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

99 FEB -2 PM 4:25

1. Name of Limited Partnership

1a. DOCUMENT #
A97000001748

FREEPORT BUSINESS PARK, LIMITED



Mailing Address

Principal Office Address

P.O. BOX 989
FREEPORT FL 32439

P.O. BOX 989
FREEPORT FL 32439

2. Mailing Address

2a. Principal Office Address

Suite, Apt #, etc.

Suite, Apt #, etc.

City & State

City & State

Zip Country

Zip Country

3. Date Formed or Registered

08/13/1997

3a. Date of Last Report

03/03/1998

4. State or Country of Formation

FL

6. FEI Number

AP-PLIED FOR

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for information)

5a. Capital Contributions as Shown on record

\$1,500.00

5b. Amount of Capital Contributions in FL (FDIA to date)

Applied For
 Not Applicable

9. Name and Address of Current Registered Agent

PETERMANN, RICHARD P P.A.
SMITH, GRIMSLEY, BAUMAN, PINKERTON ET AL
25 WALTER MARTIN ROAD
FORT WALTON BEACH FL 32548

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt #, etc.

City

10. If changed, new Registered Agent/Office

300002766213--6
-02/05/99--01088--017
****150.00 FL ****150.00

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). Thereby 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

DEESEA VENTURES, INC.

16200 U.S. HIGHWAY 33

FREEPORT FL 32439

P97000056000

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

Robert E. Capps

DATE

1/21/99

Typed or Printed Name of General Partner Signing Form: *Robert E Capps*

Daytime Telephone Number: *252-834-0100 x2331*

CR2E003 (6/98)

(2)

Form **SS-4**

Application for Employer Identification Number

(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

EIN

OMB No. 1545-0003

▶ Keep a copy for your records.

1 Name of applicant (Legal name) (See instructions.)
Freeport Business Park, Limited

2 Trade name of business (if different from name on line 1)

3 Executor, trustee, "care of" name

4a Mailing address (street address) (room, apt., or suite no.)
P.O. Box 989

5a Business address (if different from address on lines 4a and 4b)

4b City, state, and ZIP code
Freeport, FL 32439

5b City, state, and ZIP code

6 County and state where principal business is located
Walton County Florida

7 Name of principal officer, general partner, grantor, owner, or trustor- SSN required (See instructions.) ▶ *225-58-4798*
Deep Sea Ventures, Inc

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN)

Partnership

REMIC

State/local government

Other nonprofit organization (specify) ▶

Other (specify) ▶

Estate (SSN of decedent)

Plan administrator-SSN

Other corporation (specify) ▶

Trust

Federal Government/military

Farmers' cooperative

Church or church-controlled organization

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State: _____ Foreign country: _____

9 Reason for applying (Check only one box.)

Started new business (specify) ▶

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶

Changed type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

Other (specify) ▶ *Have not provided FIC*

10 Date business started or acquired (Mo., day, year) (See instructions.)
8/13/97

11 Closing month of accounting year (See instructions.)
1/17

12 First date wages or annuities were paid or will be paid (Mo., day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)

13 Highest number of employees expected in the next 12 months. **Note:** If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)

Nonagricultural: *N/A* Agricultural: *N/A* Household: *N/A*

14 Principal activity (See instructions.) ▶ *Real Estate Investment*

15 Is the principal business activity manufacturing?
If "Yes," principal product and raw material used ▶ Yes No

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) ▶ *Real Estate Investments* Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business?
Note: If "Yes," please complete lines 17b and 17c. Yes No

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.
Legal name ▶ *Freeport Business Park* Trade name ▶

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.
Approximate date when filed (Mo., day, year): *2/1/98* City and state where filed: *Walton Co Florida* Previous EIN: _____

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct and complete.

Name and title (Please type or print clearly.) ▶ *Douglas Grayford, Controller*

Business telephone number (include area code): *850-835-0100 x237*

Fax telephone number (include area code): *850-835-0005*

Signature: _____ Date: _____

Note: Do not write below this line. For official use only.

Geo.	Ind.	Class	Size	Reason for applying
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