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

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 21 AM 10: 53 **DOCUMENT#** 1. Name of Limited Partnership A97000002060 LUDWIG SHRIMP COMPANY, LTD. 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 09/23/1997 7925 N.W. 12TH STREET, SUITE 318 7925 N.W. 12TH STREET, SUITE 318 \$3,000,000.00 MIAMI FL 33126 MIAMI FL 33126 3a. Date of Last Report 02/12/1998 5b. Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 7699 LAKE ESTATES 17699 LAKE ESTATES DR Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For 59-2739676 Not Applicable City & State City & State \$8.75 Additional Fee Required 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information) USA 33 496 10. If changed, new Registered Agent/Office 9. Name and Address of Current Registered Agent SIMON, GARY P ESQ Street Address (P.O. Box Number Is Not Acceptable) 9100 S. DADELAND BLVD., SUITE 504 Suite, Apt. #. etc. MIAMI FL 33156-7815 Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.1051, 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11c. 11b. City, State & Zip Code Document Number BSL OF MIAMI, INC. 7925 N.W. 12TH STREET MIAMI FL 33126 P97000080437 500002758745----01/12/97--01093--003 \*\*\*\*385.00 \*\*\*\*385.00 500002788745---0 -01/12/96--01093--004

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 \_

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