

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 12 PM 3:09



<b>1. Name of Limited Partnership</b>  INLET HOLDINGS, LTD.		<b>1a. DOCUMENT #</b> <b>A98000000276</b>	
<b>Mailing Address</b> 1070 E. INDIANTOWN ROAD, #400 JUPITER FL 33477		<b>Principal Office Address</b> 1070 E. INDIANTOWN ROAD, #400 JUPITER FL 33477	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
<b>3. Date Formed or Registered</b> 01/26/1998		<b>5a. Capital Contributions as Shown on record</b> \$7,500.00	
<b>3a. Date of Last Report</b>		<b>5b. Amount of Capital Contributions in FL ORIDA to date</b> 7,500.00	
<b>4. State or Country of Formation</b> FL		<b>6. FEI Number</b> 65-0813531	
<b>7. Certificate of Status Desired</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>		<input type="checkbox"/> \$8.75 Additional Fee Required	

<b>9. Name and Address of Current Registered Agent</b>  KEMPE, JOSEPH C 1070 E. INDIANTOWN ROAD, #400 JUPITER FL 33477		<b>10. If changed, new Registered Agent/Office</b>	
Name		Name	
Street Address (P.O. Box Number Is Not Acceptable)		Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City		City	
Zip		Zip Code FL	

**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)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

<b>11. Name(s) of General Partner(s)</b>  J.C. KEMPE MANAGEMENT, INC.	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>  1070 E. INDIANTOWN RD	<b>11b. City, State &amp; Zip Code</b>  JUPITER FL 33477	<b>11c. Registration/ Document Number</b>  P98000005001
<p align="center">8000002840928---4 -04/15/99--01113--001 ****141.25 ****141.25</p>			

**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

DATE

4/3/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)