

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
APR 21 PM 5:00

SECRETARY OF STATE
TREASURY BUILDING
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
IEZZI I, LTD.

1a. DOCUMENT #
A98000000596

Mailing Address 14027 SHADY SHORES DRIVE TAMPA FL 33613	Principal Office Address 14027 SHADY SHORES DRIVE TAMPA FL 33613
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
02/27/1998

3a. Date of Last Report

4. State or Country of Formation
FL

5a. Capital Contributions as Shown on record
\$1,820,000.00

5b. Amount of Capital Contributions in FLORIDA to date

6. FEI Number
59-3496067

7. Certificate of Status Desired \$8.75 Additional Fee Required

8. Mark check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**DRUMMOND, TEMPLE H
SOLOMON & BENEDICT, P.A.
3000 NATIONSBANK PLAZ, 400 N. ASHLEY DRIVE
TAMPA FL 33602**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)
300002859379--7

Suite, Apt. #, etc.
-04/30/90-01141--001

City
*****535.00 ***535.00
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.

11. Name(s) of General Partner(s) JAECO MANAGEMENT COMPANY, IN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 14027 SHADY SHORES DR	11b. City, State & Zip Code TAMPA FL 33613	11c. Registration/ Document Number P98000011129
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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 *Alley* DATE **4/6/99**

Typed or Printed Name of General Partner Signing Form: _____ Daytime Telephone Number: _____

CR2E003 (12/98)