

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

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| 1. Name of Limited Partnership | 1a. DOCUMENT # A98000002044 |
| ABDULHUSSEIN FAMILY LIMITED PARTNERSHIP | |



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| Mailing Address 1201 CORNWALL ROAD SANFORD FL 32773 | Principal Office Address 1201 CORNWALL ROAD SANFORD FL 32773 | 3. Date Formed or Registered 09/01/1998 | 5a. Capital Contributions as Shown on record \$1,510,527.00 |
| 2. Mailing Address | 2a. Principal Office Address | 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. State or Country of Formation FL | 6. FEI Number 59-3535331 |
| City & State | City & State | 7. Certificate of Status Desired | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| Zip Country | Zip Country | 8. Make check payable to Dept. of State (See reverse side for fee information) | <input type="checkbox"/> \$8.75 Additional Fee Required |

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| 9. Name and Address of Current Registered Agent KARIM, NAJMOOL 1201 CORNWALL ROAD SANFORD FL 32773 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City |
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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.

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| 11. Name(s) of General Partner(s) ABDULHUSSEIN, INC. | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1201 CORNWALL ROAD | 11b. City, State & Zip Code SANFORD FL 32773 | 11c. Registration Document Number P98000076303 |
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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 _____ DATE _____
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/98)