

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
 99 APR -2 AM 10: 59

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



1. Name of Limited Partnership PORT 5, LTD.		1a. DOCUMENT # A98000002837	
2. Mailing Address 1812 S.W. 31 AVENUE PEMBROKE PARK FL 33009		2a. Principal Office Address 1812 S.W. 31 AVENUE PEMBROKE PARK FL 33009	
3. Date Formed or Registered 12/22/1998		5a. Capital Contributions as Shown on record \$20,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date \$20,000.00	
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent COBER CORPORATE AGENTS, INC. 2601 SOUTH BAYSHORE DRIVE, 19TH FLOOR MIAMI FL 33133		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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.

11. Name(s) of General Partner(s) PORT 5, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1812 S.W. 31 AVENUE	11b. City, State & Zip Code PEMBROKE PARK FL 3300	11c. Registration/Document Number P98000106115
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 4-8-99 *****228.75 *****228.75

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 *Charles M. Kelsey, Jr.*
 Charles M. Kelsey, Jr.
 Typed or Printed Name of General Partner Signing Form

DATE **4-1-99**
 Daytime Telephone Number **(954) 981-8073**

CR2E003 (12/98)