FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

1. Name of Limited Partnership

B95000000322

DIVISION OF COMPERATIONS Secretary of State 96 OCT 31 PM 3: 35 DIVISION OF CORPORATIONS

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CIRCLE	Principal Oline Address 12016 TURTLE CAY CIRCLE ORLANDO FL 32836			3. Date Formed or Registered 09/08/1995	5a. Capit Show	al Contributions as nion record
	ORLANDO FL 32836	12016 TURTLE CAY CIRCLE		טפוניון ומטןפט	5a. Capital Centributions as Shown on record \$10,000.00 5b. Amount of Capital Control tons in FLORIDA	
				3a. Date of Last Report 03/18/1996		
	2a. Principal Office Address			4. State or Country of Formation OC		to date
	Suite, Apt. #, etc	Suite, Apt. #, etc		6. FEI Number 95-4530140		Applied For Not Applicable
	City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional
Country	Zip	Country	Fee Required 8. Make check payable to Dept of State (See reverse side for fee informa			
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
GIANNONI, GENEVIEVE 12016 TURTLE CAY CIRCLE ORLANDO FL 32836		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.				
		City				Zip Code
e of changing its registered of nilrar with, and accept the obli- d Agent Accepting Appointme L PARTNER TH	nce or registered agent, or both, in the State of gations of section 620 192, Florida Statutes INTINITY A CORPORATION	Flonda Such chan	PARTI	DANERSHIP OR OTH	rereby accept the	appointment of registered
Seneral Partner(s)	11a. (Do NOT Use Post Office	nera: Partner e Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
varten n.v.	52 BUSH ROAD		PHII	LIPSBURG, ST. MAAR	F	95000003469
				1 00002 -11/1 ****	2004 14/960 £191.25	5117 1050017 ****191.25
	9. Name and Address of Concentration Service CAY CIRCLE 32836 a provisions of sections 620 10 a of changing its registered off miliar with, and accept the oblive d Agent Accepting Appointme	City & State Country Zip 9. Name and Address of Current Registered Agent NEVIEVE CAY CIRCLE 32836 2 provisions of sections 620 1051 and 620 192, Florida Statutes, the above na a of changing its registered office or registered agent, or both, in the State of millar with, and accept the obligations of section 620 192, Florida Statutes d Agent Accepting Appointment) AL PARTNER THAT IS A CORPORATION MUST BE REGISTERED A General Partner(s) 11a. (Do NOT Use Post Office	Country Zip Country 9. Name and Address of Current Registered Agent Name New EVE CAY CIRCLE 32836 Suite, Apt # City 2 provisions of sections 620 1051 and 620 192, Florida Statutes, the above named limited partner a of changing its registered office or registered agent, or both, in the State of Florida Such channillar with, and accept the obligations of section 620 192, Florida Statutes d Agent Accepting Appointment) L PARTNER THAT IS A CORPORATION, LIMITED MUST BE REGISTERED AND ACTIVE General Partner(s) 11a. (Do NOT Use Post Office Box Numbers)	Country Zip Country 9. Name and Address of Current Registered Agent Name New EVE CAY CIRCLE 32836 Suite, Apt #, etc City 2 provisions of sections 620 1051 and 620 192. Florida Statutes, the above named limited partnership organia of changing its registered office or registered agent, or both, in the State of Florida Such change was automiliar with, and accept the obligations of section 620 192, Florida Statutes d Agent Accepting Appointment) LL PARTNER THAT IS A CORPORATION, LIMITED PARTIMUST BE REGISTERED AND ACTIVE WIT General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b.	Country Zip Country To Country Zip Country To Country 8. Make check payable to Dept 10. If changed, new Register Name Name CAY CIRCLE Street Address (P.O. Box Number is Not Acceptable) Suite. Apt #, etc City City Suite. Apt #, etc City Appointment) Appointment) DA LI PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTH MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Scheral Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City. State & Zip Code PHILIPSBURG, ST. MAAR	Country Zip Country Zip Country 8. Make check payable to Dept of State (See rev.) 10. If changed, new Registered Agent/Office (Name CAY CIRCLE) Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL a 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 Flore of changing its registered office or registered agent, or both, in the State of Floreda. Such change was authorized by its general partner(s). I hereby accept the miller with, and accept the obligations of section 620 192, Florida Statutes d Agent Accepting Appointment) DATE L PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINGS Address of Face, General Partner(s). 11a. (Do NOT Use Fost Office Box Numbers) 11b. City, State & Zip Code. 11c.

12. Too hereby certify that the information supplied with this filling is voluntarily lumished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes Trelease 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. Hurther certify that the information indicated on this annual report is true and accurate and that go signature shall have the same legal effects as if made under oath. Further certify that I am a General Partner of the knited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE .

S. Cohen, Managing Director Typed or Printed Name of General Partner Signing Form

DATE ... Daytime Telephone Number (407) 238-2232