FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT **TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



FLORIDA DE PARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # B96000000097

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 29 AM II: 37



C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 2. Mailing Address 2a. Principal Office Address DE Suite, Apt. #, etc. City & State C/O CORPORATION TRUST CENTER 1209 ORANGE STREET WILMINGTON DE 3a. Date of Last Report 01/13/1997 5b. Amount of Capital Contributions in F1 ORDDA to date: # 4/13,000.00 Applied f or Not Applicable					<u> </u>		
Silow consecuted Silow or recently and Access to the Part of the P	EFFREY CHAIN, L.P. LIMIT	L.P. LIMITED PARTNERSHIP					
ORRISTOWN TN 97819 1206 ORANGE STREET WILMINGTON DE 1206 DE 2. Mailling Address 3. Mailling Address 3. Suite, Apt. 4, citc. 5. If Number 3. Manual Description 5. Mailling Address 6. If Number 3. Mailling Address 6. If Number 3. Mailling Address 7. Countries 8. Mailling Address 7. Countries 8. Mailling Address 8. Mailling Address 6. If Number 9. Name and Address of Current Registered Agent 10. It changed from Place and Status Descript 10. It changed from Place and Agent 8. Mailling Address 8. Mailling Address 10. It changed from Place and Agent 10.	salling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
Suite Address Suite April 8, ctc. Suite Address profile Suite April 8, ctc. Suit	07 MADEN DR	1209 ORANGE STREET		03/11/1996			
Country State St	MORRISTOWN TN 97813			3a. Date of Last Report			
Mailing Address 28. Principle Office Address DE # 4/3,000,000				L	5b. Amou Contri	rt of Capital butions in FLORIDA	
Solic, Apt. 6, etc. Solic, Apt. 6, etc.	Mailing Address	2a. Principal Office Address			I to date:		
State State City & State Country Country Country To continue of State Sept State	uite. Ant # etc.	Suite Apt #. etc.			1, 4,	5,000.00	
P Country 7. Country 8. Make and Address of Current Registered Agent 10. If changed, new Registered Agent/Office 10. If changed, new Registered Agent/Office 10. If changed, new Registered Agent/Office 11. If changed, new Registered Agent/Office 12. If changed, new Registered Agent/Office 13. If changed new Registered Agent/Office 14. If changed new Registered Agent/Office 15. If changed new Registered Agent/Office 16. If changed new Registered Agent/Office 16. If changed new Registered Agent/Office 17. If changed new Registered Agent/Office 18. Make Check payable to Dept Number Is Not Acceptable of Registered Agent/Office 18. Make Check payable to Per Number Is Not Acceptable of Registered Agent Acceptable of Registered Agent Acceptable via Agent Acceptable via Agent Registered				l			
Country Proceedings Process	ity & State	City & State			\$8.75 Additional fine Required		
9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Sure, Apl. #, etc. City FL Zip Code City FL Zip	ip Country	Zip Country					
Name				Wake Crisck payable to. Dept.		3196 Side for fee injoining	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suite. Apl. #, etc. City FL Zip Code City FL Zi	C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD						
PLANTATION FL 33324 Suito, Apl. #, etc. City FL Zip Code The purpose of changing its registered differ or registered spent, or both, in the State of Florida. Such change was eatherized by its general partner(s). I hereby accept the appointment of register agent. I am flamiliar with, and accept the objections of section (20-192, Florida Statutos. BARTURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 1. Name(s) of General Partner(s) 11a. Address of Lack General Partner (IDNOT Ugg Post Office Box Numbers) JEFFREY CHAIN CORP. 2307 MADEN DR MORRISTOWN TN 37813 F96000001229 ******541.25 *******541.25							
City FL Zip Code Pursuant to the provisions of sections 620-103. 192 Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florids, submits this statem for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida Such change was eathorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620-192, Florida Statutes. BAIL A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE. 1. Name(s) of General Partner(s) 11a. Address of Lach General Partner 11b. Chy, State 8-Zip Code 11c. Registation/Decursan Number 11b. Chy, State 8-Zip Code 11c. Pegistation/Decursan Number 11d. (I) NOT Use Fred Office Box Numbers) Peffrey CHAIN CORP. 2307 MADEN DR MORRISTOWN TN 37813 F96000001229 ******541.25 *******541.25							
OB. 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 state of the purpose of changing its registered algorit, or both, in the State of Florida Such change was authorized by its general partner(s). Thereby accept the appointment of registe agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes. IMPORTURE (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. 1. Name(s) of General Partner(s) 2. Address of Lack General Partner (b) NOT Use Post Office Box Numbers) 1. D. Chy, State 8 Zip Code 1. Chy, State 8 Zip Code 1. Chy, State 8 Zip Code 1. D. General Partner (c) Document Number 1. D. Chy, State 8 Zip Code 1. D. General Partner (d) NOT Use Post Office Box Numbers 1. D. Chy, State 8 Zip Code 1. D. General Partner (d) NOT Use Post Office Box Numbers 1. D. Chy, State 8 Zip Code 1. D. General Partner (d) NOT Use Post Office Box Numbers 1. D. Chy, State 8 Zip Code 1. D. General Partner (d) NOT Use Post Office Box Numbers 1. D. Chy, State 8 Zip Code 1. State Office Box Numbers 1. D. Chy, State 8 Zip Code 1. State Office Box Numbers 1. State Office Box Numb	PLANTATION FL 33324						
Oa. Pursuant to the provisions of sections 620 1001 and 620 102. Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida, submits this state of the purpose of changing its registered office or registered agent, or both, in this State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620-192, Florida Statutes. Interest			City		FL Zip Code		
1. Name(s) of General Partner(s) 11a. Address of Lach General Partner (Do NOT Use Post Office Box Numbers) 11b. Only, State 8 Zip Code 11c. Registration/Document Number JEFFREY CHAIN CORP. 2307 MADEN DR MORRISTOWN TN 37813 F96000001229 サール・フェー・ログラン・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ログラン・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファー・ファー	agent. I am familiar with, and accept the obling IGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	ngations of section 620.192, Florida Statutes. IAT IS A CORPORATION	I, LIMITED	PARTNERSHIP OR OTH	L .		
JEFFREY CHAIN CORP. 2307 MADEN DR MORRISTOWN TN 37813 F96000001229 9000239320901/13/9801048012 *****541.25 *****541.2	1. Name(s) of General Partner(s)	11a. Address of Each Ge (Do NOT Use Post Office	eneral Partner ce Box Numbers)	11b. Crty, State & Zip Code	11c.		
****541.25 ****541.2 /*	JEFFREY CHAIN CORP.				F96000001229		
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partne				90000; -01/: ****	≥398 13/980 *541.25	2094 1048012 ****541.29	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partne	<u>/</u> *		{				
	ار. Note: General partners MAY I	NOT be changed on this fo	orm; an am	endment must be filed to ch	nange a ge	eneral partner	

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 centry 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 eath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report an equipment by chapter 620. Florida Statutes

DATE NOV. 26, 1997