

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 22 AM 11:34



1. Name of Limited Partnership
DOLPHIN PARTNERS, LTD.

1a. DOCUMENT #
B96000000272

| | |
|---|--|
| Mailing Address 141 WATERMAN AVENUE MOUNT DORA FL 32757 | Principal Office Address 1212 GUADALUPE, SUITE 102 AUSTIN TX 78701 |
| 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 07/15/1996 | 5a. Capital Contributions as Shown on record. \$950.00 |
| 3a. Date of Last Report 01/03/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: \$950.00 |
| 4. State or Country of Formation TX | |
| 6. FEI Number 74-2677238 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired <input checked="" 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

ELLIS, SETH D
141 WATERMAN AVENUE
MOUNT DORA FL 32757

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City

000002338630-1
-10/27/97--01146--001
******165.00 ****165.00**

Zip Code
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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|-----------------------------------|---|-----------------------------|------------------------------------|
| THREE DOLPHINS, INC. | 141 WATERMAN AVENUE | MOUNT DORA FL 32757 | V50787 |

dec (cus)

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 *William E. Compton* DATE 10-15-97

Typed or Printed Name of General Partner Signing Form William E. Compton Daytime Telephone Number (352) 735-1900

CR2E003 (6/97)