

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 -2 PM 2: 21

1. Name of Limited Partnership MESA MARKET PLACE, LTD.		1a. DOCUMENT # A95000001037	
2. Mailing Address P.O. Box 1369 WINDERMERE Florida 34786		2a. Principal Office Address 2801 EAST IRLO BRONSON HIGHWAY KISSIMMEE FL 34744	
3. Date Formed or Registered 07/11/1995		5a. Capital Contributions as Shown on record. \$3,300,000.00	
3a. Date of Last Report 09/30/1996		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-3322431 <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 BUONAURO, FRANK A JR. 2801 EAST IRLO BRONSON HIGHWAY KISSIMMEE FL 34744		10. If changed, new Registered Agent/Office Name FRANK A BUONAURO JR Street Address (Post Office Box Number Is Not Acceptable) 2626 TRYON PLACE Suite, Apt. #, etc. WINDERMERE City FL 34786	
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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) *Frank A Buonauoro*

DATE **9/29/97**

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
MESA SWAP MEET, INC. <i>name change filed 9/16/97 to SVB, Inc.</i>	2801 EAST IRLO BRONSO	KISSIMMEE FL 34744	P95000056610 500002313035--9 -10/06/97--01145--004 *****550.00 *****550.00 <i>dec (end)</i>

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

Frank A Buonauoro
FRANK A. BUONAURO JR

DATE **9/29/97**
Daytime Telephone Number **407-846-2811**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (6/97)