## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP

WILL BE SUBJECT TO REVOC	ATION AND \$500 PENALTY	FEE			
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE  Sandra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS		
1. Name of Limited Partnership	1a. DOCUMENT # A97000002288		98 DEC 14 PM 12: 30		
TOUT PRET, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	7
C/O JACQUELINE M. PAYNE 8091 THIRD PLACE SOUTH WEST PALM BEACH FL 33062	C/O JACQUELINE M. PAYNE 8091 THIRD PLACE SOUTH WEST PALM BEACH FL 33062		10/22/1997 3a. Date of Last Report	\$388,850.00	
		·	12/17/1997  4. State or Country of Formation	<ol> <li>Amount of Capital Contributions in FLORIDA to date:</li> </ol>	
2. Mailing Address	2a. Principal Office Address		FL	0	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0791640	Applied For Not Applicable	7
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	7
Zip Country	Zip Country		8. Make check payable to: Dept. of St	Fee Required ate (See reverse side for fee information)	,
9. Name and Address of Current Re	nistared Anent		10. If changed, new Registered A	Arent/Office	7
		Name Toh			
MACLEAN, LAUHA G			Box Number Is Not Acceptable)		
			seger ur.		4
_2600 N.E. 14TH_STREET-GAUSEWAY	į	·			
POMPANO BEACH FE 33062		Belvay	Beach	FL 33444	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership of ganized 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)	7 KMW		DATE	12/1998	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
_ <del> </del>	Address of Each General P	artner 11h	City, State & Zip Code	11c. Registration/	-
11. Name(s) of General Partner(s)	(Do NOT Use Post Office Box )	lumbers)	Oily, clair & 219 Cools	Document Number	վ_
TOUT PRET, INC.	100 W. HIDDEN VALLEY	BO	CA RATON FL 33487	P96000086713	CR2E003 (8/98)
			00002 -12/24, ****52	78 7 3 8 0 - 9 78 7 3 8 7 - 919 6 2 **** 97 25	CR2EC
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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 630. Elgrida Statutes.

Typed or Printed Name of General Partner Signing Form

SIGNATURE.