FILE ON OR BEFORE DECEMBER 31.1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham		FILED SECRETARY OF STATE	
1999	Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS	
1. Name of Limited Partnership	1a. DOCUMENT#		98 DEC 21 PM 12: 53	
	A 98000001895		1	
TAVILLA FAMILY LIMITED PARTNERSHIP			7	
			1 901/5	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
			August 6, 1998	\$245,000.00
			3a. Date of Last Report]
			N/A	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
_7023 Montrico Drive	7023 Montrico Drive		Florida	\$245,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		65-0876783	Not Applicable
Boca Raton, Florida Zip Country	Boca Raton, Florida Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
33488 USA	33488 USA 8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
Name		Name	10. Indiago, ion regaleto agenty inch	
		Pox Number Is Not Acceptable)		
7023 Montrico Drive		Suite, Apt #, etc		
Boca Raton, Florida 33488	City			Zip Code
		<u> </u>	· ·	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 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	<u> </u>
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 (Do NOT Use Post Office Bo	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
Stephen Tavilla	-		a Raton, FL 33488	
Claire Tavìlla	7023 Montrico Drive Boca		a Raton, FL 33488	
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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 heleby 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 Socilon 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 required by chaptely 520, Fortigat platitudes.				
SIGNATURE SIGNATURE	He		Di	ecember /7 1998
SIGNATURE December /7 , 1998				
Typed or Printed Name of General Partner Signing Form				