




FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 29 AM 9:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership NATHAN J. ESFORMES FAMILY LIMITED PARTNERSHIP, LTD.		1a. DOCUMENT # A97000001604			
Mailing Address 1666 79TH STREET CAUSEWAY, SUITE 600 MIAMI FL 33141		Principal Office Address 1666 79TH STREET CAUSEWAY, SUITE 600 MIAMI FL 33141		3. Date Formed or Registered 07/23/1997 3a. Date of Last Report 01/16/1998 4. State or Country of Formation FL	
5a. Capital Contributions as Shown on record. \$234,375.00		5b. Amount of Capital Contributions in FLORIDA to date:		6. FEI Number 65-0779770 <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 CORPORATE ACCESS, INC. 1116-D THOMASVILLE ROAD MOUNT VERNON SQUARE TALLAHASSEE FL 32303	
10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City		9000002742779--9 -01/14/99-FL-128-006		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. ****\$35.00 ****\$35.00	
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) NATECO ENTERPRISES, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1666 79TH STREET CAUS		11b. City, State & Zip Code MIAMI FL 33141	
11c. Registration/Document Number P97000055799		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 624, Florida Statutes.					
SIGNATURE  Typed or Printed Name of General Partner Signing Form NATHAN J. ESFORMES		DATE 12/28/98 Daytime Telephone Number 944-729-4610			

CR2E003 (8/98)