FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A94000001420

ZAYTOUN ENTERPRISES, LTD.

FILED 99 APR 26 PM 1: 19



Mailing Address Principal Office Ad 219 WEST MILLBROOK ROAD 219 WEST MIL RALEIGH NC 27609 RALEIGH NC 2			MILLBROOK ROAD		3. Date Formed or Registered 10/20/1994 3a. Date of Last Report		S	5a. Capital Contributions as Shown on record \$5,000,000.00	
					12/31, 4. State or Co	/1997 untry of Formation	5b. Amou Contr to da	int of Capital ibutions in FLORIDA e	
2. Mailing Address 2a, Principal Office Addres			i			FL		\$1,960.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FET Number 58-2137736 7. Certificate of Status Desired		Applied For Not Applicable		
City & State		City & State	City & State						
Zip	Country Zip		Country		Fee Required 8. Make check payable to Dept of State (See reverse side for fee information \$526, 25				
9	Name and Address of Co	urrent Registered Agent			10. If chan	ged, new Registere	d Agent/Office		
SALEM, ALBER 4800 WEST KE TAMPA FL 336	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.								
•		City			FI	Zip Code			
for the purpose of agent. I am familiate SIGNATURE (Registered	of changing its registered officillar with, and accept the oblig Agent Accepting Appointment L PARTNER TH	51 and 620.192, Florida Stalules, the above-noe or registered agent, or both, in the State of pations of section 620 192, Florida Statules (http://doi.org/10.1016/j.com/1	Florida Such cha	nge was auth	orized by its geni	DAT	reby accept the a	ppointment of registered	
11. Name(s) of Ger	neral Partner(s)	11a. (Do NOT Use Post Office	neral Partner Box Numbers)	11b.	City, State 8	Zip Code	11c.	Registration/ Document Number	
ZAYTOUN, HE	219 WEST MILLBRO	MILLBROOK RO		RALEIGH NC 27609		Servera d	<u> </u>		
zaytoun, m#	artha n	219 WEST MILLBRO	OOK RO	R/	ALEIGH NC 2	?7609 - 057	04,∤99(⊭141->⊊	01041020 ********************	
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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 Frelease 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.

Typed or Printed Name of General Partner Signing Form

DATE Gymil 5,1945

Daylume Telephone Number (919) 782-6911