LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sandra Secreta	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS			
1. Name of Limited Partnership	1a. DOCUMENT # A03007				
ROGRESS ENTERPRISES , L'	TD.				
Mailing Address	Principal Office Address		3, Date Formed or Registered	5a, Capital Contributions as Shown on record.	
P.O. BOX 17547	9731 BEACH BLVD		07/19/1972	\$100.00	
XSONVILLE FL 32245 JACKSONVILLE FL 32246			3a. Date of Last Report		
			12/01/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		
City & State	City & State		59-1530095	Applied For Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country		8. Make check payable to Dept. of	State (See reverse side for fee information	
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Registered	Apent/Office	
•		Name			
SUTHERLAND, PAUL L. 9731 BEACH BLVD JACKSONVILLE FL 32246		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt #, etc			
JACKSONVILLE FL 32246		Oute, Apr #, etc	-02/17	y/qgU10617444	
JACKSONVILLE FL 32246		City		79901061022	
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office or sgent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	registered agent, or both, in the State of Fi- is of section 620.192, Florida Statutes.	City med limited partnership org orida Such change was au	*本本本 anized or registered under the laws of the thorized by its general partner(s). I hereb DATE CTNERSHIP OR OTHE	50 50 00 State of Floride, submits this stalement y accept the appointment of registered	
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