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

1. Name of Limited Partnership 1a. DOCUMENT# A03749		Division of C	ORFORKIN	JING	חמ חר	C 00 F	W 1 17		
Mailing Address **EDMOND J. GONG. ESD. **SEDMOND J. GONG. ESD. **SED	1. Name of Limited Partnership					98 DEC 29 PM 4: 17			
**************************************	MARY ESTHER ASSOCIATES, LTD.								
Zip Country Zip Country Zip Country A Selection of Status Desired Name 10. If charinged, now Registered Agent/Office Street Address of Current Registered Agent 10. If charinged, now Registered Agent/Office Street Address (P.O. Box Number Is Not Accoptable) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND A CTIVE WITH THIS OFFICE. 11. Nume(u) of General Partner(s) 11a. Address of Each General Partner Number Is Post Office Box Number) Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. Lo breby coulty that the information supplied with this fileg is voluntarily furnished and does not quality for the exemption stated in Section 119.07(3)(), Florids Status. I release the information supplied to Accept Status (Inther certify that the information indicated on this struin trace is true and acceptable with the information supplied to Accept Status (Inther certify that the information indicated on this struin trace is true and acceptable partner, in the information indicated on this struin trace is true and acceptable partner, in the information indicated on this struin trace is true and acceptable pa	% EDMOND J. GONG, ESO. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126 2. Mailing Address Suite, Apt. #, etc.	% EDMOND J. GONG. ESO. 6161 BLUE LAGOON DR SUITE MIAMI FL 33126 2a. Principal Office Address Suite, Apt. #, etc.	% EDMOND J. GONG. ESO. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126 Za. Principal Office Address Suite, Apt. #, etc.		06/10/1974 3a. Date of Last Report 11/17/1997 4. State or Country of Formation FL 6. FEI Number	\$476,866.00 5b. Amount of Capital Contributions in FLORIDA to date:			
8. Name and Address of Current Registered Agent 10. If chainged, new Registered AgentOffice GONG, EDMOND J., ESO. 6161 BLUE LAGOON DR., SUITE 270 MIAMI FL 33126 Street Address (P.O. Box Number Is Not Acceptable) Scale, Apt. 6. etc. City FL Zip Code City FL Zip Code To the purpose of changing its registered dispot or registered agent, or both, in the State of Foods, submits this catalenant for the purpose of changing its registered office or registered agent, and accept the obligations of earlier 820.1051 and 620.192. Florida Statutes, the above-named limited partecephs organized or registered under the appointment of registered agent, and accept the obligations of earlier 820.1051 and 620.192. Florida Statutes. Such change was authorized by its general partner(s). It hereby accept the appointment of registered agent, and accept the obligations of earlier 820.1051 and 620.192. Florida Statutes. A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Nume(c) of General Partner(t) 112. Address of Each General Partner (I) Do., State 8 20 Code 11c. Registration Decument Number RELAEDER RESOURC.FUND 6161 BLUE LAGOON DRIV MIAMI FL 33128 823635 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 1-to hereby certify that the information supplied with this fling is voluntarily turnished and does not quality for the exemption stated in Section 119.07(3)(0), Florida Statutes. I release the Division of Corporations from any labelity of non-compliance with Section 119.07(3)(0) in the event that the information supplied to determed accept from public accepts. It turnber certify that the information indicated on this animal process and plant registerate and last registerate and l				_ <u>=</u>	7. Certificate of Status Desired \$8.75 Addit		\$8.75 Additional	\neg	
Registered Agent Accepting Partner(t) 11a. Address (Paul Bulle LAGOON DRIV) 11b. City. State & Zip Code 11c. Registered (Paul Busines) 11c. Registered (Pa	Zip Country	Zip	Zip Country					on)	
Registered Agent Accepting Partner(t) 11a. Address (Paul Bulle LAGOON DRIV) 11b. City. State & Zip Code 11c. Registered (Paul Busines) 11c. Registered (Pa	9 Name and Address of Curr	ent Registered Agent	T -		10. If changed, new Registered	Agent/Office		\exists	
Street Address (PC. Box Number is Not Acceptable) Sulfo, Apt. 8, etc. City FL Zip Code Toda, Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statutes, the above-mand limited partnership organized or registered under the laws of the State of Florida, such in the State of Florida, such change was authorized by its general partner(e). I horsely accept the appointment of registered agent, or both, in the State of Florida, Such change was authorized by its general partner(e). I horsely accept the appointment of registered agent, and accept the obligations of section 620,192, Florida Statutes. SIGNATURE (Registered Agent Acceptable) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(e) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration/ Document Number NELAHEDGE RESOURC.FUND 6161 BLUE LAGOON DRIV MIAMI FL 33126 823635 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ide benety certify that the information supplied with the lifting is voluntarily furnished and does not qualify for the exemption stated in Section 150.07(3)A, Piorida Statutes, treates the Division of Corporations from any itselfor of non-correlations with Section 110.37(3)A; in the water that the Information supplied is demand from public accepts from public accepts from public accepts. I stather certify that I am a General Partner of the limited partnership, receiver or trustee empowered to exceed the graph as required by charge 63 inflorida Statutes. DATE A 2 9 8			Name						
MIAMI FL 33126 Suite, Apt. 8, etc. City FL Zip Code Total 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 accept the output of the purpose of changing its registered accept the output of registered agent. In an influsive with, and accept the output of registered agent and accept the output of registered agent and accept the output of registered agent and influsive with a member with, and accept the output of registered agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(a) of General Partner(s) 11a. Address of Each General Partner (i/De NOT Use Poet Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number NEIAHEDGE RESOURC.FUND 6161 BLUE LAGOON DRIV MIAMI FL 33126 823835 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. It do beneity cortify that the information applied with this litting is voluntarily furnished and does not qualify for the example of talled in Section 115.07(3)(s), Provide Statetes Included on the amount report is true and accurate and that my signature shall have the same legal effects as if made under cert. I further certify that I am a General Partner of the limited partnership, receiver or trustee ompowered to exceeds this report as required by change of sufficient States.			Street Address (P.O. Box Number Is Not Acceptable)						
10a, Pursuant to the provisions of sections 620.1931 and 620.192, Florida Statutos, the above-named limited partnership organizad or registered under the laws of the Stat of Florida, submits this statement for the purpose of changing its registered signal, or both, in the Stat of Florida, Such change was authorized by its general partner(s), I hereby accept the appointment of registered agent, and scored the obligations of section 620.192, Florida Statutos. SIGNATURE (Registered Agent Accepting Appointment) 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 Office Box Numbers) INFLAHEDGE RESOURC.FUND 6161 BLUE LAGOON DRIV MIAMI FL 33126 823635 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. Ide hereby caretly that the information supplied with this ling is voluntarily inheled and does not qualify for the exempline stated in Section 118.07(3)(s), Florida Statutos, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(s) in the event that the information nation indicated on this annual report is true and accurate and that my signature shall have the same logal 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 by general and charge.	•								
10a. Pursuant to the provisions of sections 620.1051 and 620.192. Florida Statutos, the above-named limited partnership organized or registered under the laws of the State of Florida, submitts 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(e), I hereby accept the appointment of registered agent. I am findiar vifu, and accept the obligations of section 620.192. Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(e) 11a. Address of Each General Partner (b) 11a. Address of Each General Partner (c) Not Use Foet Office Best Numbers INFLAHEDGE RESOURC.FUND 6161 BLUE LAGOON DRIV MIAMI FL 33126 823635 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. I do hereby cortly that the information supplied with this filing is voluntarily historied and does not qualify for the exemplion 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 sevent that the information supplied as december of whether 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 the propert as required by changer 30 florida Statutes.					FL Zip Code				
INFLAHEDGE RESOURC.FUND 6161 BLUE LAGOON DRIV MIAMI FL 33126 823635 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 with this information supplied by the event that the information supplied is dearned 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/Florida Statutes. SIGNATURE DATE DATE DATE DATE DATE DATE DESCRIPTION	for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation of the control of th	or registered agent, or both, in the State of Florons of section 620.192, Florida Statutes. T IS A CORPORATION, 1	Ida. Such chan	pe was authorized PART	ortzed by its general partner(s). I hereby	accept the ap	pointment of registered		
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 logal 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 charger 520 Florida Statutes. SIGNATURE DATE	11. Name(s) of General Partner(s)				11b. City, State & Zip Code				
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 logal 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 charger 520 Florida Statutes. SIGNATURE DATE	INFLAHEDGE RESOURC.FUND	6161 BLUE LAGOON DR	6161 BLUE LAGOON DRIV		MIAMI FL 33126		823635		
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 1 am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 50 Florida Statutes. SIGNATURE DATE					-01/22	/9901	010008	+	
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 1 am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 50 Florida Statutes. SIGNATURE DATE	<u>-</u> 								
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 1 am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 50 Florida Statutes. SIGNATURE DATE	Note: General partners MAY NO	T be changed on this form	n; an am	endme	nt must be filed to cha	inge a d	eneral partner		
= 1100 1/2 of GONC (24-) 2/(-(1))	 I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my 	h this filing is voluntarily furnished and does no vith Section 119.07(3)(k) in the event that the in signature shall have the same legal effects as	t qualify for the formation supp	exemption solied is deem	stated in Section 119.07(3)(k), Florida S ed exempt from public access. I further	atutes. I relea	se the Division of Information Indicated or	,	
Typed or Printed Name of General Partner Signing Form	SIGNATURE Edward	The start	<u>-</u>		DATE	2.2	8.98		
	Typed or Printed Name of General Partner Signing Form	Edmons J.	SON	'G_	Daytime Telephone Number 36	5) 26	1-6222]	