

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 OCT 12 AM 11:21

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A05751
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EBICO, LTD.



Mailing Address C/O MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, P.O. BOX 2715 PALM BEACH FL 33480		Principal Office Address C/O MENDOZA, CALLAS & SCHILLING 251 ROYAL PALM WAY, P.O. BOX 2715 PALM BEACH FL 33480		3. Date Formed or Registered 05/25/1977	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 09/23/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-1740145	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		7. Certificate of Status Desired <input 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 MENDOZA, MARIO G III 251 ROYAL PALM WAY 6TH FLOOR PALM BEACH, FL FL 33480	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**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) ANDRITSCHKE, ERICH	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 30657 HANNOVER <del>CHURCH</del> Christian-Flemes- Weg 3	11b. City, State & Zip Code FED. REPUB. OF GERMAN 400002666184--9 -10/17/98--01001--024 ****141.25 ****141.25	11c. Registration/ Document Number
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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 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 620, Florida Statutes.

SIGNATURE

*Erich Andritschke*

DATE

11.9. 1998

Typed or Printed Name of General Partner Signing Form

Erich Andritschke

Daytime Telephone Number

(561) 659-1111

CR2E003 (8/98)