
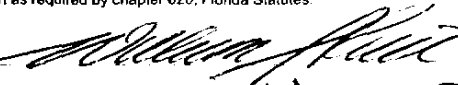



FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership CRT DEVELOPMENT, LTD.		1a. DOCUMENT # A13807	
Mailing Address 3850 NW 118TH AVENUE CORAL SPRINGS, FL 33065		Principal Office Address 3850 NW 118TH AVENUE CORAL SPRINGS, FL 33065	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 01/10/1983		5a. Capital Contributions as Shown on record \$150,000.00	
3a. Date of Last Report 12/10/1997		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation MA		6. FEI Number 04-2703861 <input type="checkbox"/> Applied For <input checked="" 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 RICCI, WILLIAM J. % BAKER HILL INDUSTRIES 3850 N.W. 118TH AVENUE CORAL SPRINGS FL		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
RICCI, WILLIAM S. MORLOCK, DIETER MARTIN, ROBERT S.	2840 N. OCEAN BLVD. 109 BAYSHORE DRIVE UNIT 5 6 NICHOLAS CIRCLE	FORT LAUDERDALE FL NOKOMIS, FL. 34275 ANDOVER MA	000002832610--6 -04/07/99--01089--025 *****8.75 *****8.75
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  Typed or Printed Name of General Partner Signing Form WILLIAM J. RICCI		REGISTERED AGENT DATE 3/16/99 Daytime Telephone Number (954) 752-3090 X12	

FILED
99 MAR 29 PM 1:10
SECRETARY OF STATE


CR2E003 (12/98)