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

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LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISIONS 98 DEC 22 AM 9: 24		
Name of Limited Partnership	1a. DOCUMENT# A15108			AM 9: 24	inte 118
RAJ, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contri	butions as
1108 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32018	1108 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32018		08/11/1983 3a. Date of Last Report	\$100,000.00	
	2a. Principal Office Address		12/18/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	Za. Principal Office Address		FL		1
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		plied For
City & State	City & State		59-2323553	No.	ot Applicable
Zip Country	Zip Country		7. Certificate of Status Desired	\$ <u>\$</u>	.75 Additional se Required
	8. Make check payable to: Dept. of State (See reverse side for fee information				
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
[· · · · · · · · · · · · · · · · · · ·		Name			
RAJ LTD. SEA BREEZE MOTEL 1108 NORTH ATLANTIC AVE. Stroet		Street Address (P.C	D. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.			
	City		FI Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 6	20.192. Florida Statutes, the above-name	d limited partnership o	rganized or registered under the laws of the		its 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)					
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		City, State & Zip Code	11c. Re	egistration/ ment Number
PATEL, LALIT N.	1108 N. ATLANTIC AVE		YTONA BEACH FL		03 (8/98)
				/9301082	40 012 *526.25
ł.					
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 filling 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 (CW)+ 12 Patel DATE 12/17/198					
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number					

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