
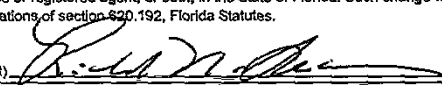
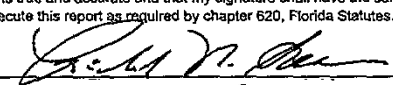


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 15 AM 8:36 mtu 12/22	
1. Name of Limited Partnership  NRS ASSOCIATES, LTD.		1a. DOCUMENT # A15389			
Mailing Address 1000 VENTURE BLVD. WOOSTER OH 44691		Principal Office Address 1000 VENTURE BLVD. WOOSTER OH 44691		3. Date Formed or Registered 09/28/1983	
				5a. Capital Contributions as Shown on record. \$40.00	
				3a. Date of Last Report 11/24/1997	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation TN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 34-1306832 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		7. Certificate of Status Desired <input type="checkbox"/> \$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 Current Registered Agent SEAMAN, RICHARD N. OAK PARK, 1748 INDEPENDENCE BLVD. SUITE C-4 SARASOTA FL 34234				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)  Richard N. Seaman DATE December 4, 1998					
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	
SEAMAN, RICHARD N.		1000 VENTURE BLVD.		WOOSTER OH	
				200002720862--6 -12/23/98--01056--005 ****141.25 ****141.25	
11c. Registration/Document Number					
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  Richard N. Seaman DATE December 4, 1998					
Typed or Printed Name of General Partner Signing Form Richard N. Seaman Daytime Telephone Number (330) 262-1111					

CR2E003 (8/98)