

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

98 DEC 24 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership MRD LTD.		1a. DOCUMENT # A23033	
Mailing Address P. O. BOX 723 ISLAMORADA FL 33036	Principal Office Address P. O. BOX 723 ISLAMORADA FL 33036	3. Date Formed or Registered 08/08/1986	5a. Capital Contributions as Shown on record. \$1,290,000.00
		3a. Date of Last Report 12/09/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL	6. FEI Number 59-2783913 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
2a. Principal Office Address Suite, Apt. #, etc. City & State 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 LEWIS, RUSSELL F 117 PALM AVENUE ISLAMORADA FL 33036	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 3000002740799--9 Suite, Apt. #, etc. -01/14/99--01004--022 City ***526.25 ***526.25 FL
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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) LEWIS, RUSSELL F	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 209 MATECUMBE AVENUE	11b. City, State & Zip Code ISLAMORADA FL 33036	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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

RUSSELL F. LEWIS

12/15/98
305 667 8254

CR2E003 (8/98)