

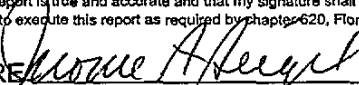


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 NOV -9 PM 12:53 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Name of Limited Partnership YULEE ASSOCIATES, LTD.		1a. DOCUMENT # A23052			
Mailing Address 726 OWENS ROAD YULEE FL 32097		Principal Office Address 726 OWENS ROAD YULEE FL 32097		3. Date Formed or Registered 08/14/1986 3a. Date of Last Report 11/21/1997 4. State or Country of Formation FL	
2. Mailing Address 3823 Owens Road Suite, Apt. #, etc. City & State Zip Country 32097-2145		2a. Principal Office Address 3823 Owens Road Suite, Apt. #, etc. City & State Zip Country 32097-2145		5a. Capital Contributions as Shown on record. \$990.00 5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number 59-2809109 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent HENDERSON, J. GROVER 726 OWENS RD. YULEE FL 32097		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Adaptable) 3823 Owens Road Suite, Apt. #, etc. City FL Zip Code 32097-2145			
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) CORDCON CAPITAL CORP.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 726 OWENS ROAD 3823 Owens Road		11b. City, State & Zip Code YULEE FL 32097-2145 400002689684--1 -11/17/98--01064--014 ****141.25 ****141.25	
				11c. Registration/ Document Number G17202	
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 10-30-98					
Typed or Printed Name of General Partner Signing Form Cordcon Capital Corp by Kenneth Siegel Daytime Telephone Number 212-410-7555					

CR2E003 (8/98)