## 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

1. Name of Limited Partnership

a. DOCUMENT # **A24706** 

FILED

98 OCT 19 PM 4: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA



CLICKS NO. 10 LIMITED					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
CLICKS BILLIARDS	CLICKS BILLIARDS	CHCKS BILLIARDS			
7001 PRESTON ROAD, 5TH FLOOR	7001 PRESTON ROAD, 5TH FLO	OR	06/18/1987  3a. Date of Last Report	\$145,000.00	
DALLAS TX 75205	DALLAS TX 75205		10/21/1997	5b. Amount of Capital	
			4. State or Country of Formation	5D. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address 7001 Preston RD	2a. Principal Office Address	on Rs	TX		
Suite, Apt. #, etc. Suite Z50	Suite, Apt. #, etc.	Suite, Apt. #, etc.  SU, HE 750  City & State  DANAS  T2		Applied For	
City & State	City & State			Not Applicable	
Zip A Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
15 COS UJA	75705	USA	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			
C T CORPORATION SYSTEM		Name .			
1200 S. PINE ISLAND ROAD		Street Address (P.O. B		Box Number is Not Acceptable)	
PLANTATION FL 33324		Suite, Apt. #, etc. 500026701651 -10/22/9801069003			
		City	米米米米4	37.52; ******437.50	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA		LIMITED PA	RTNERSHIP OR OTHE		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	al Partner	The second secon	11c. Registration/	
CLICKS ORLANDO, INC.	7001 PRESTON RD., 5TH				
ţ				P14891 6701651 2/9801/069002 88/35//*****88.75	
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<u>}</u>				Un'	
•					
Note: General partners MAY NO	OT be changed on this form	n; an amendı	nent must be filed to cha	ange a general partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance this annual report is true and accurate and that my empowered to execute this report as required by one of the supplied to the control of	th this filing is voluntarily furnished and does not with Section 119.07(3)(k) in the event that the in y signature shall have the same legal effects as i	t qualify for the exempt formation supplied is d	ion stated in Section 119.07(3)(k), Florida S eemed exempt from public access. I further	tatutes. I release the Division of certify that the information indicated on	
SIGNATURE	110 Med		DATE Daytime Telephone Number_	9-10-98	
Typed or Printed Name of General Partner Signing Form	A. Nichols Als	lanpor	Daytime Telephone Number_2	14-521-7001	