## 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

TRIVEST FUND I, LTD.    A25639				그 이유 했니까	17 17112.04	
TRIVEST FUND I, LTD.    Mailing Address	1. Name of Limited Partnership			SECRETARY OF STATE TAIL AHASSEE, FLORIDA		
State of Country  2. Mailing Address  2a. Principal Office Address  Suite, Apt. 6, etc.  City & State  City & Stat	TRIVEST FUND I, LTD.					
State of Country  2. Mailing Address  2a. Principal Office Address  Suite, Apt. 6, etc.  City & State  City & Stat	Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as	
2. Mailing Address  2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State	2665 S. BAYSHORE DR., 8TH FLOOR	2665 S. BAYSHORE DR., 8TH FLOOR		3a. Date of Last Report 10/27/1997	\$60,001,000.00  5b. Amount of Capital Contributions in FLORIDA	
City & State  Country	2. Mailing Address	2a. Principal Office Address		_		
Tourity & State   Tourity   Tourit				1		
Zip Country  Zip Country  Zip Country  8. Make check payable to: Dopt. of State (See reverse side for fee information)  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  KLEIN, PETER W  C/O TRIVEST GROUP, INC.  2665 S. BAYSHORE DR., SUITE 801  MIAMI FL 33133  Giv FL  Zip Code  Suite, Apt. #, etc.  Zip Code  Tell Typ Code  Suite, Apt. #, etc.  Zip Code  Tell Typ Code  Suite, Apt. #, etc.  Zip Code  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(e) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)  TRIVEST 1988 FUND MANAGERS, Like . 2665 S. BAYSHORE DR.,  MIAMI FL 33133  A95000000689  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ido hearby cartly that the information included on the information included on the links of form origination and companies and control the information included on the formation registered agent to the provisions of section of accident of accident of accident partner included and accident the provision of section of accident of accident partner included and accident the appointment of registered agent accident partner included and accident partner include	City & State	City & State				
KLEIN, PETER W C/O TRIVEST GROUP, INC. 2665 S. BAYSHORE DR., SUITE 801 MIAMI FL 33133  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 different 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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. Oddress of Each General Partner  11b. City, State & 21p Code  11c. Registration  11c. Document Number  11b. City, State & 21p Code  11c. Document Number  11c. Name(s) of General Partner(s)  11d. Section 11g. 71g. 92g. —010977 —008  **********************************	Zip Country	Zip	Country	<u> </u>	Fee Required	
KLEIN, PETER W C/O TRIVEST GROUP, INC. 2665 S. BAYSHORE DR., SUITE 801 MIAMI FL 33133  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 different 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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. Oddress of Each General Partner  11b. City, State & 21p Code  11c. Registration  11c. Document Number  11b. City, State & 21p Code  11c. Document Number  11c. Name(s) of General Partner(s)  11d. Section 11g. 71g. 92g. —010977 —008  **********************************				4.6		
C/O TRIVEST GROUP, INC. 265 S. BAYSHORE DR., SUITE 801  MIAMI FL 33133  To ity  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  City  FL  Zip Code  The purpose of changing its registered agent, or both, in the State of Plorida. Sutch change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Plorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Plorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both, in the State of Plorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both. In the State of Plorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both. In the State of Plorida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, or both. In the State of Plorida. Such change was authorized by its general partner (s). I hereby accept the appointment of registered agent, or both. In the State of Plorida. Such change was authorized by its general partner Business Entity  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  11b. City. State & Zip Code  11c. Registration/ Document Number  TRIVEST 1988 FUND MANAGERS, Lake A policy State & Zip Code  11c. Registration/ Document Number  11b. City. State & Zip Code  11c. Registration/ Document Number  11b. City. State & Zip Code  11c. Registration/ Document Number  11c. Name(s) of General Partner  11d. Name(s)	KLEIN, PETER W C/O TRIVEST GROUP, INC.  2665 S. BAYSHORE DR., SUITE 801  MIANUEL 20122		Name			
MIAMI FL 33133  City  FL  Zip Code  10a. Purcuant to the provisions of sections 820.1051 and 620.192. Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submitts 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, and 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 Partner (Do NOT Use Foot Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  2665 S. BAYSHORE DR.,  MIAMI FL 33133  A95000000689  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the information supplied with this filing is voluntarily termished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Convocitors from are likelikity for the recomption in the information registered under the laws of the State of Florida, submitts this statement form outile secess. I further certify that the information supplied is the event their the information registered partner.			, , , , , , , , , , , , , , , , , , , ,			
10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnership organized or registered under the lews of the State of Florida, submits this statement for the purpose of changing its registered diffee 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)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/ Document Number  TRIVEST 1988 FUND MANAGERS, Link  2665 S. BAYSHORE DR.,  MIAMI FL 33133  A95000000689  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Lob hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the exemption subtled in Section 119.07(3)(s), Florida Statutes. I release the Division of Compositions from any liability of non-compositions of the subtraction of the composition of the composition of						
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TRIVEST 1988 FUND MANAGERS, Lack   2665 S. BAYSHORE DR., MIAMI FL 33133  A95000000689  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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	MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
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Corporations from any liability of non-compliance with Section 119.07(3)fk) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on	Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.					
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 6th. Florida Statutes.						

SIGNATURE V /// KBUY/IV