

**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

99 JAN -5 PH 3:01



1. Name of Limited Partnership		1a. DOCUMENT # A26722	
Mailing Address SILVER EAGLE DISTRIBUTORS LTD.		Principal Office Address 1000 PARK OF COMMERCE BLVD HOMESTEAD FL 33035	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc	Suite, Apt. #, etc		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Form First Registered 07/11/1988	5a. Capital Contributions as Shown on record \$5,860,000.00
3a. Date of Last Report 11/24/1997	5b. Amount of Capital Contributions in FL OR CA to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number 65-0064127	<input type="checkbox"/> \$8.75 Additional Fee Required
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

**VAZQUEZ-BELLO, CLEMENTE L., ESQ.
VALDES-FAULI, COBB & PETREY, P.A.
#3400, ONE BISCAYNE TWR, 2 S. BISCAYNE BLV
MIAMI FL 33131**

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)

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. Registered Document Number
RFO, INC.	2 SOUTH BISCAYNE BLVD	MIAMI FL 33131	P95000018019
PAT KAVANAUGH, INC.	1000 PARK OF COMMERCE	HOMESTEAD FL 33035	P95000019224

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

CR2E003 (8/98)