

**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 98 DEC 17 PM 12: 20 <i>mtj</i> 12/23	
1. Name of Limited Partnership		1a. DOCUMENT # A26814			
AMNED ENTERPRISES LIMITED PARTNERSHIP					
Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
8221 OLD COURTHOUSE ROAD, SUITE 204 VIENNA VA 22182 US		8221 OLD COURTHOUSE ROAD, SUITE 204 VIENNA VA 22182 US		07/28/1988	\$5,783,230.60
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/11/1997	
City & State		City & State		4. State or Country of Formation	
Zip		Zip		FL	
				6. FEI Number	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				52-2908326	
				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		10. If changed, new Registered Agent/Office	
GROUP IV PROPERTIES, INC. 6900 SOUTHPOINT DR. N. SUITE 250 JACKSONVILLE FL 32216		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. Registration/ Document Number
SLOKKER AMERICA, INC.	8221 OLD COURTHOUSE R	VIENNA CA 22182	P10713
PRENTICE, BRYANT H., III	8221 OLD COURTHOUSE R	VIENNA VA	
HUTCHINSON, MARCUS C.	8221 OLD COURTHOUSE R	VIENNA VA	

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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 Marcus C. Hutchinson, A GENERAL PARTNER DATE 12/14/98

Typed or Printed Name of General Partner Signing Form MARCUS C. HUTCHINSON Daytime Telephone Number 703-506-1006

CR2E003 (8/98)