

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 PM 1:31

1. Name of Limited Partnership

1a. DOCUMENT #
A28671

SAGA FOODS, LIMITED PARTNERSHIP



Mailing Address P.O. BOX 121307 CLERMONT FL 34712		Principal Office Address 341 N. HWY. 27 CLERMONT FL 34711		3. Date Formed or Registered 07/24/1989	5a. Capital Contributions as Shown on record. \$200.00
				3a. Date of Last Report 12/03/1997	
2. Mailing Address		2a. Principal Office Address 103 S. Seminole Ave		4. State or Country of Formation GA	5b. Amount of Capital Contributions in FLORIDA to date: <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. FEI Number 58-1848605	
City & State Minneola FL		City & State Minneola FL		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 34755		Country Lake		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent SCHWAB, HARRY 341 N. HWY. 27 CLERMONT FL 34711		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 103 S. Seminole Ave Suite, Apt. #, etc. City Minneola FL Zip Code 34755	
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 12/30/98	

**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) SAGA ENTERPRISES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 341 N. HWY. 27 103 S. Seminole Ave	11b. City, State & Zip Code CLERMONT-FL 34711 Minneola, FL 34755	11c. Registration/ Document Number P25254
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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

DATE 12/30/98

Typed or Printed Name of General Partner Signing Form

SAGA ENTERPRISES INC

Daytime Telephone Number

CR2E003 (8/98)