LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	Kathe Secret	ARTMENT OF STATE rine Harris tary of State <sup>5</sup> CORPORATIONS		ILED RY OF STATE CORPORATIONS 5 PM 3: 30
1. Name of Limited Partnership	<sup>1a.</sup> DOCUMENT # A28766			
MILLSTREAM VENTURE, LTD	).			I DUUTA KUTA DIA KANGANA MANA
Mailing Address	TRO WEST BLVD., SUITE 330 6355 METRO WEST BLVD., SUITE 330		3, Date Formed or Registered 08/17/1989	5a. Capital Contributions as Shown on record
ORLANDO FL 32835			3a. Date of Last Report 04/06/1998	\$100.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation FL	to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2965348	Applied For
City & State Zip Country	City & State Zip Country		7. Certificale of Status Desired	\$8.75 Additional Fee Required State (See reverse side for fee information
6355 METRO WEST BLVD., SUITE 330 ORLANDO FL 32835		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City		
ORLANDO FL 32835				
<ul> <li>10a. Pursuant to the provisions of sections 620 1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation</li> <li>SIGNATURE (Registered Agent Accepting Appointment)</li> <li>A GENERAL PARTNER THAT</li> </ul>	registered agent, or both, in the State of Flor is of section 620.192, Florida Statutes.	City ed limited partnership orga rida. Such change was aut	thorized by its general partner(s) There DATE TNERSHIP OR OTH	E Stale of Florida, submits this stalement
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<ul> <li>10a. Pursuant to the provisions of sections 620 1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation</li> <li>SIGNATURE (Registered Agent Accepting Appointment)</li> <li>A GENERAL PARTNER THAT MUS</li> <li>11. Name(s) of General Partner(s)</li> </ul>	registered agent, or both, in the State of Flor is of section 620.192, Florida Statutes. <b>ST BE REGISTERED AI</b> Address of Each Genera <b>11a.</b> (Do NOT Use Post Office Bo 6355 METRO WEST B SUITE 330	City ed linited partnership orga rida. Such change was au UIMITED PAR ND ACTIVE W I Partner xx Numbers) LVD.	DATE TNERSHIP OR OTHI TH THIS OFFICE. City. State & Zip Code ORLANDO FL 32835	FL         e State of Fiorida, submits this statement         by accept the appointment of registered         ER BUSINESS ENTITY         11c.       Registration/ Document Number         H94402         +94402         +94402         +94402         +94402         +94402         +94402         +94402         +94402         +94402         +94402
<ul> <li>10a. Pursuant to the provisions of sections 620 1051 ar for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation</li> <li>SIGNATURE (Registered Agent Accepting Appointment)</li> <li>A GENERAL PARTNER THAT MUS</li> <li>11. Name(s) of General Partner(s)</li> <li>NORTH AMERICAN CAPITAL Correl</li> <li>NORTH AMERICAN CAPITAL Correl</li> <li>Note: General partners MAY NOT</li> <li>12. I do hereby certify that the information supplied with the formation supplied with the may liability of non-compliance with Section 119, is true and accurate and that my signature shall have</li> </ul>	registered agent, or both, in the Stale of Flor is of section 620.192, Florida Statutes.	City ed limited partnership orga rida. Such change was aut LIMITED PAR ND ACTIVE W I Partner (Numbers) 11b. LVD. ( m; an amendme qualify for the exemption s h. I further certify that I am	DATE THERSHIP OR OTHI THERSHIP OR OTHI TH THIS OFFICE. City. State & Zip Code ORLANDO FL 32835 CITUTION - 114/11 ++++1 ent must be filed to chi tated in Section 119 07(3)(k). Florida Sta in public access - I (urther certify that th a General Partner of the limited partner	EL e State of Fiorida, submits this statement by accept the appointment of registered ER BUSINESS ENTITY 11c. Registration/ Document Number H94402 H9460 H946