

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 <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -9 PM 4:18	
1. Name of Limited Partnership  MODAN INVESTMENTS, LTD.		1a. DOCUMENT # <b>A29305</b>			
Mailing Address <del>35400 BASELINE LANE</del> <del>DADE CITY FL 33525</del>		Principal Office Address <del>35400 BASELINE LANE</del> <del>DADE CITY FL 33525</del>		3. Date Formed or Registered <b>12/05/1989</b>	
2. Mailing Address <b>601 South Orleans Av.</b>		2a. Principal Office Address <b>601 South Orleans Av.</b>		3a. Date of Last Report <b>12/15/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>FL</b>	
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		5a. Capital Contributions as Shown on record. <b>\$355,401.40</b>	
Zip <b>33606</b>		Zip <b>33606</b>		5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number <b>59-2983602</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				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  REIBER, SAM 601 E. TWIGGS STREET SUITE 200 TAMPA FL 33602				10. If changed, new Registered Agent/Office  Name <b>0000002710340--7</b> Street Address (P.O. Box Number is Not Acceptable) <b>12/11/98--01080--021</b> Suite, Apt. #, etc. <b>***526.25 ***526.25</b> City <b>FL</b> 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) <u>Marian Amparo</u> DATE <u>Dec 7, 1998</u> <b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
11. Name(s) of General Partner(s)  AMPARO, MARIAN		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  601 SOUTH ORLEANS AVE		11b. City, State & Zip Code  TAMPA FL 33606	
				11c. Registration/Document Number	
<b>Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.</b>					
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 <u>Marian Amparo</u> DATE <u>Dec 7, 1998</u> Typed or Printed Name of General Partner Signing Form <u>Marian Amparo</u> Daytime Telephone Number <u>813-251-3105</u>					

CR2E003 (8/98)