

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 16 AM 10:13

1. Name of Limited Partnership

1a. DOCUMENT #  
**A30595**

**MVO LIMITED PARTNERSHIP, A DELAWARE LIMITED PARTNERSHIP**



Mailing Address

Principal Office Address

C/O HAMPTON CAPITAL CORP.  
~~P.O. BOX 1708~~  
BRIDGEHAMPTON NY 11832

C/O HAMPTON CAPITAL CORP.  
~~P.O. BOX 1708~~  
BRIDGEHAMPTON NY 11832

3. Date Formed or Registered

09/17/1990

5a. Capital Contributions as Shown on record.

\$99.00

3a. Date of Last Report

09/30/1996

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

DE

2. Mailing Address

2a. Principal Office Address

~~% HAMPTON CAPITAL CORP.~~  
Suite, Apt. #, etc.  
P.O. Box 9002

~~% HAMPTON CAPITAL CORP.~~  
Suite, Apt. #, etc.  
PO Box 9002

City & State  
SAGAPONACK, NY

City & State  
SAGAPONACK, NY

Zip Country  
11962

Zip Country  
11962

6. FEI Number

13-3583111

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)  
~~109802294941-5~~

Suite, Apt. #, etc.

~~-09/16/97--01089--025~~

\*\*\*\*156.25 \*\*\*\*156.25

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

MVO CORP.

~~2228 MONTANK HWY.~~  
139 SAGG ROAD

~~BRIDGEHAMPTON NY 11803~~  
SAGAPONACK, NY 11962

P30940

*[Handwritten Signature]*

**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

*[Handwritten Signature]*

DATE

9/9/97

Typed or Printed Name of General Partner Signing Form

CHRISTIAN WOLFFER

Daytime Telephone Number

516/537-5100

CR2E003 (6/97)