## 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

1a. DOCUMENT # A31018  LIMIK, LIMITED PARTNERSHIP \L.P.\  Maling Address  Principal Office Address  33. Date Formed or Registered  12/31/1990  3a. Date of teat Report  12/22/1997  4. State or Country   5b. Amount of Capital Contributions in FLORID to dises  2a. Principal Office Address  2a. Principal Office Address  2b. Amalling Address  2a. Principal Office Address  2b. Amalling Address  2c. Malling Addr						
LIMIK, LIMITED PARTNERSHIP \L.P.\  Mailing Address Principal Office Address 3336 RICHMOND AVE. STE. 100 3340 RICHMOND AVE. STE. 100 324 RICHMOND AVE. STE. 100 325 RICHMOND AVE. ST						
3336 RICHMOND AVE STE. 100 HOUSTON TX 77098 HOUSTON TX 77098 HOUSTON TX 77098  2. Mailing Address  2a. Principal Office Address  GA  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  7. Certificate of Status Desired  8. Make check payable for Dept. of State (See reverse side for fee Info  9. Name and Address of Current Registered Agent  ELEFANT, FRED 1650 PRUDENTIAL DRIVE, SUITE 105  JACKSONVILLE FL 32207  10a. Pursuant to the provisions of sections 820, 1051 and 820, 192, Florida Statutes, the above-named similarly partnership organized or registered limited partnership organized or registered laws of the State of Florida, submits star for fee purpose of changing its registered diffee 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.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION. LIMITED PARTNERSHIP OR OTHER BUSINESS EN						
3336 RICHMOND AVE STE. 100 HOUSTON TX 77098 HOUSTON TX 77098 HOUSTON TX 77098  2. Mailing Address  2a. Principal Office Address  GA  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  7. Certificate of Status Desired  8. Make check payable for Dept. of State (See reverse side for fee Info  9. Name and Address of Current Registered Agent  ELEFANT, FRED 1650 PRUDENTIAL DRIVE, SUITE 105  JACKSONVILLE FL 32207  10a. Pursuant to the provisions of sections 820, 1051 and 820, 192, Florida Statutes, the above-named similarly partnership organized or registered limited partnership organized or registered laws of the State of Florida, submits star for fee purpose of changing its registered diffee 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.  SIGNATURE (Registered Agent Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION. LIMITED PARTNERSHIP OR OTHER BUSINESS EN						
HOUSTON TX 77098  HOUSTON TX 77098  A. State or Country of Formation  GA  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  To Country  Zip  Country  Zip  Country  To Count	_					
2. Mailing Address  2a. Principal Office Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  To Country  Zip  Country  To Country  Name  ELEFANT, FRED  1650 PRUDENTIAL DRIVE, SUITE 105  JACKSONVILLE FL 32207  Street Address (P.O. Box Number is Not Acceptable)  To City  ******141.  To City  *******141.  To City  ***********************************	<del></del>					
2. Mailing Address  2a. Principal Office Address  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  City & State  To Country  Zip  Country  Zip  Country  Tip  Country  Tip  Country  Tip  Country  Tip  Country  Tip  Country  Tip  To Country  To Coun						
Suite, Apt. #, etc.  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	1					
Suite, Apt. #, etc.  City & State  To Country  Country  To	}					
City & State  To-O3 10352  Not Applica  7. Certificate of Status Desired  \$8.75 Addition Fee Require  8. Make check payable to: Dept. of State (See reverse side for fee info  9. Name and Address of Current Registered Agent  Name  ELEFANT, FRED  1650 PRUDENTIAL DRIVE, SUITE 105  JACKSONVILLE FL 32207  Suite, Apt. #, etc.  City  *****141.**  City  *****141.**  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 state 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 regist 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 ENTERS.						
Tourity   Tourity   Tourity   Tourity   Tourity   Tourity   Sattle Desired   \$8.75 Additional Personal   \$8.75 Additional Personal   \$8.75 Additional Personal   \$8.75 Additional Personal Per	,					
9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Parameter Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City  *****141.**  10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state 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 Accepting Appointment)  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN	al					
9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Part Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.						
Name						
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS EN						
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	TY					
11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office 8ox Numbers)  11b. City, State & Zip Code  11c. Registration/						
DERRICK, BRUCE W 3336 RICHMOND AVE., # HOUSTON TX	CR2E003 (8/98)					
	ZEOC					
LTS.13	SS					
	1					
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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 indicate 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 empowered to execute this report as recording 50. Endos Statutes.	on					

12.	I do hereby certify that the Information supplied with this filling 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.

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Typed or Printed Name of General Partner Signing Form