

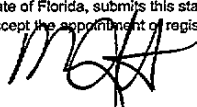


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 DEC 29 PM 4:16</p> 	
1. Name of Limited Partnership HENDERSON ROAD, LTD.		1a. DOCUMENT # <div style="font-size: 1.5em; font-weight: bold;">A32608</div>			
Mailing Address P.O. BOX 1669 CLEARWATER FL 33757		Principal Office Address 625 COURT ST. #200 CLEARWATER FL 33756		3. Date Formed or Registered <div style="border: 1px solid black; padding: 2px;">02/24/1992</div>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report <div style="border: 1px solid black; padding: 2px;">12/26/1997</div>	
4. State or Country of Formation <div style="font-size: 1.5em; font-weight: bold;">FL</div>		5a. Capital Contributions as Shown on record. <div style="font-size: 1.5em; font-weight: bold;">\$67,242.18</div>		5b. Amount of Capital Contributions in FLORIDA to date: <div style="font-size: 1.5em; font-weight: bold;">\$69,542.18</div>	
6. FEI Number <div style="font-size: 1.5em; font-weight: bold;">59-3107525</div>		<input type="checkbox"/> Applied For <input checked="" 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 PAIKOFF, NANCY S. 625 COURT ST., SUITE 200 CLEARWATER FL 33756			10. If changed, new Registered Agent/Office Name <u>Nancy S. Paikoff</u> Street Address (P.O. Box Number is Not Acceptable) <u>526.25</u> Suite, Apt. #, etc. City <u>Clearwater</u> 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. <div style="text-align: right; margin-top: 20px;">  </div>					
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) JR-N-JR, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 625 COURT STREET, SUI		11b. City, State & Zip Code CLEARWATER FL 33756	
11c. Registration/Document Number V11091		<div style="text-align: center;"> <div style="font-size: 1.5em; font-weight: bold;">500002732555--9</div> <div style="font-size: 1.2em;">-01/07/99--01004--009</div> <div style="font-size: 1.2em;">****526.25 ****526.25</div> </div>			
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. <div style="margin-top: 20px;"> SIGNATURE <u>Nancy S. Paikoff</u>, President JR-N-JR, Inc. DATE <u>12-21-98</u> </div>					
Typed or Printed Name of General Partner Signing Form <u>Nancy S. Paikoff, Pres. JR-N-JR, Inc.</u> Daytime Telephone Number <u>727-441-8966</u>					

CR2E003 (8/98)