

FILE OF LIMITED PARTNERSHIP ANNUAL REPORT WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -8 PM 4:40

1. Name of Limited Partnership  SB Jax, Ltd.	1a. DOCUMENT # A32833
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Mailing Address 955 S.R. 434 North Suite 506 Altamonte Springs, FL 32714	Principal Office Address 955 S.R. 434 North Suite 506 Altamonte Springs, FL 32714
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3. Date Formed or Registered 4/14/1992	5a. Capital Contributions as Shown on record. \$5,031,180-
3a. Date of Last Report 1/2/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$5,082,000-
4. State or Country of Formation Florida	

2. Mailing Address 50 North Laura Street Suite, Apt. #, etc. SUITE 2750 City & State JACKSONVILLE Zip FL 32202 Country USA	2a. Principal Office Address 50 North Laura Street Suite, Apt. #, etc. SUITE 2750 City & State JACKSONVILLE Zip FL 32202 Country USA
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6. FEI Number 59-3121789	<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  MOTOLAW, Inc. 1301 Riverplace Blvd. Suite 1301 Jacksonville, FL 32207	10. If changed, new Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) 50 North Laura Street Suite, Apt. #, etc. Suite 2750 City Jacksonville Zip Code FL 32202
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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 \_\_\_\_\_

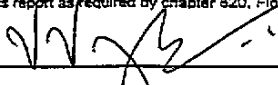
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
SB Jax, Inc.	955 S.R. 434 North Suite 506	Altamonte Springs, FL 32714	P38331

600002740066-0086  
-01/13/99-01066-0086  
\*\*\*\*526.25 \*\*\*\*526.25

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 820, Florida Statutes.

SIGNATURE  V. VAGHADIA DATE 29/12/98

Typed or Printed Name of General Partner Signing Form SECRETARY OF SB JAX INC.