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

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LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		,	FILED 98 NOV -9 PH 12: 42		
1. Name of Limited Partnership	1a. DOCUMENT # A32998		:	SECRETARY OF STATE TALLAHASSEE, FLORIDA		
RED HOOK, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1 RICHMOND SQUARE	4440 PGA BLVD SUITE 103			05/27/1992		
PROVIDENCE RI 02906	PALM BEACH GARDENS FL 33410			3a. Date of Last Report	\$7,500.00	
				12/08/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	City & State	City & State		65-0334454	Not Applicable	
Zip Country	Zip	Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
				8, Make check payable to: Dept. of St	ate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
SCHEIN, HAROLD I.		Name				
% WOLLETT & ASSOCIATES, P.A.		Street Address (P.O. Box Number is Not Acceptable)				
4440 PGA BLVD., SUITE 103		Suite, Apt. #, etc.				
PALM BEACH GARDENS FL 33410			City Zip Code			
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)						
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 (Do NOT Use Post Office Box	Deutine.	<u>1</u> 1b.	City, State & Zip Code	11c. Registration/ Document Number	
RED HOOK MANAGEMENT,INC.	4440 PGA BLVD., SUITE		PALM BEACH GARDENS FL		V38989	
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Note: Constal partners MAY NOT In	o shanged on this form			AL	NOV - 9 1998	

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 are required by onlyter 620, Florida Statutes.

Harold Schein, President

(401) 521-3000

SIGNATURE

Typed or Printed Name of General Partner Signing Form