


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -7 PM 3:41

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SONGY PARTNERS LIMITED		1a. DOCUMENT # A33386	
Mailing Address 95 SOUTH FEDERAL HWY. #200 BOCA RATON FL 33482		Principal Office Address 95 SOUTH FEDERAL HWY. #200 BOCA RATON FL 33482	
2. Mailing Address 95 So. FEDERAL HWY Suite, Apt. #, etc. # 205 City & State BOCA RATON FL Zip Country 33432 USA		2a. Principal Office Address 95 So. FEDERAL HWY Suite, Apt. #, etc. # 205 City & State BOCA RATON FL Zip Country 33432 USA	
3. Date Formed or Registered 09/01/1992		5a. Capital Contributions as Shown on record. \$140,000.00	
3a. Date of Last Report 09/22/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0361691	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information)	



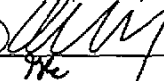
9. Name and Address of Current Registered Agent SONGY, DAVID B. 95 SOUTH FEDERAL HWY. #200 BOCA RATON FL 33432		10. If changed, new Registered Agent/Office Name Street Address (Do NOT use Post Office Box Numbers) 95 So. FEDERAL HIGHWAY Suite #205 City & State BOCA RATON FL Zip Country 33432 USA	
10a. 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
SPL FLORIDA, INC.	95 S. FEDERAL HWY.	BOCA RATON FL 33432	P94000025063
700002708347--9 -12/10/98--01010--002 *****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 620, Florida Statutes.

SIGNATURE  DATE **12/3/98**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (9/98)