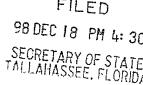
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE

Se<u>cretage et S</u>tate DIVISION OF CORPORATIONS

FILED Sandra B. Mortham



	<u>0 WB</u>			0 0 2 0 0 PM 4: 30	
1. Name of Limited Partnership	1a. DOCUMENT # A33457		SE	ECRETARY OF STATE LLAHASSEE, FLORIDA	
SR HOLDINGS, LTD.					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
3400 NE 34TH ST., SUITE 101	3400 NE 34TH ST., SUITE 101 FT. LAUDERDALE FL 33308		09/23/1992		
FT. LAUDERDALE FL 33308			3a. Date of Last Report	\$52,675.00	
			01/21/1998	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	n to date:	
L. Walling Address	Za. Filliopal Office Address				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		65-0364510	Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to: Dept	t. of State (See reverse side for fee information)	
9 Name and Address of Current	Registered Agent		10. If changed, new Regis	tered Agent/Office	
		Name			
RICHTER, SAM 3400 NE 34TH ST., SUITE 101		Street Address (P.O. Box Number Is Not Acceptable)			
FT. LAUDERDALE FL 33308		Suite, Apt. #, etc.			
, , , <u>, , , , , , , , , , , , , , , , </u>		City		Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and	 	<u>L</u>		<u> </u>	
for the purpose of changing its registered office or nagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	of section 620,192, Florida Statutes.	.IMÎTED	PARTNERSHIP OR OTI	ATE	
11. Name(s) of General Partner(s)	11a. Address of Each Genera	Partner	11b. City, State & Zip Code	11c. Registration/	
WESTMOUNT INVESTMENTS CORP.	3400 NE 34TH ST., #103	-	FT. LAUDERDALE FL 333 OS	665785	
			20000 -12/ ***		
	}				
Note: General partners MAY NOT	be changed on this form	ı; an am	endment must be filed to	change a general partner.	
12. Ido hereby certify that the Information supplied with Corporations from any liability of non-conflictnee that this annual report is true and accurate and utility of significant conflictnees to execute this report as	righture shall have the same legal effects as it	qualify for the ormation suppl f made under o	eath. I further certify that I am a General Partne	or of the limited partnership, receiver or trustee	
SIGNATURE BY:			DATE_	12/1/98	
	J	ent	Daytime Telephone Number_		