


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 24 PM 2:03 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership TIGEREYE GROUP, LTD.		1a. DOCUMENT # A93000000521			
Mailing Address 6065 NW 167TH STREET, #B-14 MIAMI FL 33015		Principal Office Address 6065 NW 167TH STREET, #B-14 MIAMI FL 33015		3. Date Formed or Registered 05/17/1993 3a. Date of Last Report 01/02/1998 4. State or County of Formation FL	
2. Mailing Address 5400 HANCOCK RD. Suite, Apt. #, etc.		2a. Principal Office Address 5400 HANCOCK RD. Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. \$4.00 5b. Amount of Capital Contributions in FLORIDA to date:	
City & State FT. LAUDERDALE, FL. Zip 33330		City & State FT. LAUDERDALE, FL. Zip 33330		6. FEI Number 65-0424647 <input type="checkbox"/> Applied For <input 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 KYLE, JOHN N II 6065 NW 167TH ST. B-14 MIAMI FL 33015			10. If changed, new Registered Agent/Office Name JOHN N. KYLE II. Street Address (P.O. Box Number is Not Acceptable) 5400 HANCOCK RD. Suite, Apt. #, etc. City FT. LAUDERDALE, FL Zip Code 33330		
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 DEC. 14, 98					
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) KYLE, JOHN N II		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5400 HANCOCK ROAD		11b. City, State & Zip Code FT. LAUDERDALE FL 333	
11c. Registration/Document Number 2000027408125 -01/14/99-01010-018 ***141.25 ***141.25					
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 DEC. 14, 98 Typed or Printed Name of General Partner Signing Form JOHN N. KYLE II Daytime Telephone Number 954.431.3144					

CR2E003 (8/98)