

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
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  
 98 DEC 17 PM 12:21

*mntn*  
 12/23

1. Name of Limited Partnership  <b>CENTRAL PLAZA SOUTH, LTD.</b>	1a. DOCUMENT # <b>A93000000628</b>
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Mailing Address % SLOKKER AMERICA, INC. 13902 N. DALE MABRY HWY #165 TAMPA FL 33618	Principal Office Address % SLOKKER AMERICA, INC. 13902 N. DALE MABRY HWY #165 TAMPA FL 33618
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered <b>06/14/1993</b>	5a. Capital Contributions as Shown on record. <b>\$2,144,100.00</b>
3a. Date of Last Report <b>01/07/1998</b>	
4. State or Country of Formation <b>FL</b>	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number <b>59-3187462</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  <b>MYERS, W. PARKINSON</b> <b>13902 N. DALE MABRY HWY., SUITE 165</b> <b>TAMPA FL 33618</b>
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State <b>FL</b> Zip Code
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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
SLOKKER AMERICA, INC.	13902 N. DALE MABRY,	TAMPA FL 33618	P10713
200002723802--9 -12/28/98--01117--025 ****526.25 ****526.25			

CR2E003 (8/98)

**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 Marc C. Hutchinson, SECRETARY DATE 12/14/98

Typed or Printed Name of General Partner Signing Form MARC C. HUTCHINSON Daytime Telephone Number 703-506-1006