

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 23 AM 10:02

1. Name of Limited Partnership

1a. DOCUMENT #
A93000000686

KUCKELKORN ENTERPRISES, LTD.



Mailing Address

5375 TAMiami TRAIL #230
NAPLES FL 33963

Principal Office Address

5375 TAMiami TRAIL #230
NAPLES FL 33963

3. Date Formed or Registered

07/01/1993

5a. Capital Contributions as Shown on record.

\$300,000.00

3a. Date of Last Report

09/08/1997

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address

420-430 Tamiami Trail North
Suite, Apt. #, etc.

2a. Principal Office Address

420-430 Tamiami Trail North
Suite, Apt. #, etc.

4. State or Country of Formation

FL

6. FEI Number

65-0432574

Applied For
 Not Applicable

City & State

NAPLES, FL
Zip 34102 Collier

City & State

NAPLES, FL
Zip 34102 Collier

7. Certificate of Status Desired

\$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

RODRIGUEZ, MANUEL A
319 PIRATES BIGHT
NAPLES FL 33940

10. If changed, new Registered Agent/Office

Name **Vivian L. Rodriguez**
Street Address (P.O. Box Number Is Not Acceptable)
319 Pirates Bight
Suite, Apt. #, etc.
City **NAPLES, FL** Zip Code **34103**

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

9/16/98

**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)

KUCKELKORN ENTERPRISES, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

319 PIRATES BIGHT

11b. City, State & Zip Code

NAPLES FL 33942

11c. Registration/Document Number

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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

9/16/98

Typed or Printed Name of General Partner Signing Form

Vivian L. Rodriguez

Daytime Telephone Number

(941) 261-0003

CR2E003 (8/98)