## 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

1. Name of Limited Partnership

**DOCUMENT#** A93000000795

## FILED

98 DEC 31 PM 3: 15

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Mailting Address  Priticipal Office Address  RIVER ONE OFFICE PLAZA SIDE EST COSCIDED. ST. STE. 208  STUART FL 34994  2. Mailting Address  2. Principal Office Address  STUART FL 34994  2. Mailting Address  2. Mailting Address  2. Principal Office Address  2. Mailting Address  2. Mailting Address  3. Date Formatic or Registered  12/24/1997  4. State or Country of Formation FL  City & State  To Country  The Country  The Country  The Country  The Address of Current Registered Agent Agent Agent Agent Agent Agent Agent Agent Agent Agen	HD TRADING PARTNERS LIMITED PARTNERSHIP							
RIVER ONE OFFICE PLAZA 309 EAST OSCECUL ST., STE. 208 31. Date of Lace Report 12/24/1997 4. State or Country 12/24/1997 4. State or Country of Formation 12/24/1997 4. State or Country of Formation 12/24/1997 5. Amount of Clipids 12/24/1997 6. FEI Number 65/0346956 1. Date of Country 12/27 12/27 13/27 14/27 15/2	Mailing Address	Principal Office Address	<del></del>	3. Date Formed or Registered	<b>5a.</b> Çapi	tal Contributions as		
309 EAST OSCEOLA ST., STE. 208 STUART FI. 34994 2. Mailling Address 2. A. Principal Office Address 2. Mailling Address 2. A. Principal Office Address 3. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 6. Fill Number 6. For Status Purpose 7. Centricate of Status Powered 7. Centricate of Stat	RIVER ONE OFFICE PLAZA	DIVER CASE CERICE DI AZA		07/27/1993				
2. Mailing Address 28. Principal Office Address 28. Principal Office Address 28. Principal Office Address 39. Mailing Address 30. Mailing Address 30. Mailing Address 30. Suite, Apt. #, etc. 30. Country 30. Country 30. Name and Address of Current Registered Agent 30. Name and Address of Current Registered Agent 30. Inchanged, new Registered Agent Office 30. Name and Address of Current Registered Agent 30. Inchanged, new Registered Agent Office 30. Name and Address of Current Registered Agent 30. Inchanged, new Registered Agent Office 30. Name and Address of Current Registered Agent 30. Inchanged, new Registered Agent Office 40. Inchanged, new Registered Agent Office 40. Inchanged, new Registered Agent Office 40. Name of Address (P.O. Box Number is Not Acceptable) 40. Inchanged, new Registered Agent Office 40. Suite, Apt. #, etc. 40. City 40. Apt					<b>- \$20,000,000.00</b>			
2. Mailing Address 2. 28. Principal Office Address 5. Suite, Apt. #, etc. 5. Suite, Apt. #, etc. 5. Fill Number 6. Fill Number	STUART FL 34994	STUART FL 34994			5b. Amo	5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc.    Suite, Apt. #, etc.   G, FEI Number   Applied For   St-0346956   Applied For	2. Mailing Address	2a. Principal Office Address			1			
Zip   Country   Zip   Zip Country   Zip   Zip Country   Zip   Zip Country   Zip	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number				
Zip   Country   Zip   Country   Replaced Agent   Replaced Agent   Statute Address of Current Registered Agent   10. If changed, new Registered Agent/Office	City & State	City & State						
9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number fs Not Acceptable)  Street Address of Sea Not Number fs Not Acceptable)  Street Address of Sea Not Number fs Not Acceptable)  Street Address of Sea Number fs Not Acceptable on the State of Florids. Seathers and Sea Number for the Sea Number for Mustal Sea Number for Numbe	Zip Country	Zip Country						
HODDER, ROBERT EDWIN RIVER ONE OFFICE PLAZA 309 EAST OSCEOLA ST., STE. 208 STUART FL 34994  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 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, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Accepting Appointment)  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 Back Channel Partner  11b. City, State & 2tp Code  11c. Registration/ DUNN CAPITAL MANAGEMENT, INC  RIVER 1 OFFICE PLZA,3  STUART FL 34994  P02291  P02291  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ide bereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the examplion stated in Section 119.07(3)(6), Florida Statutes, I release the Division of Corporations from any fleability of non-compliance with Section 119.07(3)(6) in the event that the Information supplied is decomed everyth from public access. Jurither certify that I am General Partner (bit initiated principles of sections 119.07(3)(6), Florida Statutes, I release the Division of Corporations from any fleability of non-compliance with Section 119.07(3)(6) in the event that the Information supplied is decomed everyth that the Information in Unified partnership, necelver or trustee	<del></del>			8. Make check payable to: Dept. of	6. Make check payable to: Dept. of State (See reverse side for fee information)			
HODDER, ROBERT EDWIN RIVER ONE OFFICE PLAZA 309 EAST OSCEOLA ST., STE. 208 STUART FL 34894  10a. Pursuant to the provisions of sections 620, 1051 and 620, 192, Florida Stabiles, the above-named limited partmership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partmer(e), I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partmer(e), I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partmer(e), I hereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partmer(e), I hereby accept the appointment of registered Agent Accepting Appointment)  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 Partmer(s)  11a. (a) Address of Each General Partmer  11b. City, State & Zip Code  11c. Registration/ DOWN CAPITAL MANAGEMENT, INC  RIVER 1 OFFICE PLZA,3  STUART FL 34994  P02291  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12c. 1 do bereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the examption stated in Section 119.07(3)(6), Florida Statutes, I release the Division of Corporations from any fleability of non-compliance with Section 119.07(3)(6) in the event that the information supplied is decemed evering throm public access. Jurther certify that I am a General Partner of the limited partnership, receiver or trustee	9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
RIVER ONE OFFICE PLAZA 309 EAST OSCEOLA ST., STE. 208  STUART FL 34994  10a. Pursuant to the provisions of sections 620,1051 and 620,192, Floridas Statutes, the above-named limited partmenthip 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 nereby accept the appointment of registered agent. Accepting Appointment of registered agent Accepting Appointment of registered Appent Accepting Appointment of Registerated Agent Accepting Appointment of Registerated Appent Accepting Appointment of Registeration (Do NOT Use Post Office Box Numbers)  11a. Address of Sech General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code 11c. Registration Document Number Office PLZA, STUART FL 34994 P02291  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Ide bereby certify that the Information supplied with this fitting is voluntarity furnished and does not qualify for the examption stated in Section 119.07(3)(8), Florida Statutes. Irolases the Division of Corporations from any liability of non-compliance with Section 119.07(3)(8) in the event that the Information supplied is deemed except from public access. Infurince rity that the Information indicated on this inmust report is true and accurate and nature signatures with laws the same legal effects as in face under oath, I further certify that I am a General Partner for the linited partnership, necelower of the linited partnership, necelower of the linited partnership.			Name					
SUBART FL 34994  TOa. Pursuant to the provisions of sections 620.1051 and 620.102, 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, and accept the obligations of section 520.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  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. (Do NOT Use Post Office Box Numbers)  DUNN CAPITAL MANAGEMENT, INC  RIVER 1 OFFICE PLZA,3  STUART FL 34994  P02291  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. I do bereby certify that the information supplied with this filing is voluntarity furnished and does not qualify for the examption stated in Section 119.07(3)(6), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(6), Florida Statutes. I release the Division of its annual report is true and accurate and that my gignature shall have the seam legal effices as if made under oath, I further certify that an a General Partner or the limited partnership. received or the seam legal effices as if made under oath, I further certify that an a General Partner or the limited partnership. received or the seam legal effices as if made under oath, I further certify that an a General Partner or the limited partnership. received or the seam legal effices as if made under oath, I further certify that an a General Partner.			Street Address (P.O. Box Number Is Not Acceptable)					
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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  P02291  P02291  P02291  P02291  P02291  P02291  P02291  P02291  P01/20/9901085019  *****526.25  *****526.25	SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS	S A CORPORATION, L		ARTNERSHIP OR OTHE	R BUSI	NESS ENTIT	<u></u>	
DUNN CAPITAL MANAGEMENT, INC  RIVER 1 OFFICE PLZA,3  STUART FL 34994  P02291  9000027482130  -01/20/9901086019  *****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. Ido hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the examption 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 legale effects as if made under oath, if urther certify that I am a General Partner of the limited partnership, receiver or trustee		A 444	-		11c.	Registration/ Document Number	$\neg$	
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 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	DUNN CAPITAL MANAGEMENT, INC			STUART FL 34994		P02291 7482190 9901086019		
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SIGNATURE Julian DATE 12/28/98	Corporations from any liability of non-compliance with Sec this annual report is true and accurate and that my signatu	ction 119.07(3)(k) in the event that the info ure shall have the same legal effects as if	mation supplied is made under oath.	deemed exempt from public access. I further	certify that the	information indicated on		
	SIGNATURE KLO Auton	<u> </u>		DATE	12/28/	198	_	
Typed or Printed Name of General Partner Signing Form Kirk J. Adlams of G.P. Daytime Telephone Number 561-286-4777	Typed or Printed Name of General Partner Signing Form	INK J. Adams		•	61-286	-4777_		