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

1a. DOCUMENT # A9300001017

FILED 98 DEC 29 PM 4: 30

SECRETARY OF STATE

D & GG LIMITED PARTNERSHIP							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
4440 P.G.A. BLVD. SUITE 103 PALM BEACH GARDENS FL 33410	11990 KESWICK WAY PALM BEACH GARDENS FL 33410		10/05/1993 3a. Date of Last Report 12/19/1997	\$7,500.00 5b. Amount of Capital Contributions in FLORIDA to date:			
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	\$99.00		
4440 PGA BLVD.				FL	\$99.00		
Suite, Apt. #, etc. SUITE 402	Suite, Apt. #, etc.			6. FEI Number 65-0440493	Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional		
PALM BEACH GARDENS, FL. Zip Country	Zip	Country				Fee Required	
33410 PALM BEACH				8. Make check payable to: Dept. of	State (See revi	erse side for fee information)	
9 Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
3' Manue and Andress of Content (Ashistated Ashir		Name					
GUDOIAN, RICHARD SR. 11980 KESWICK WAY			Street Address (P.O. Box Number Is Not Acceptable)				
PALM BEACH GARDENS FL 33418			Suite, Apt. #, etc.				
I ADM BLACIT CAMBERO 1 2 00410		<u></u>					
			City			Zip Code	
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 AN	D ACTI	/E WIT	H THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each Genera	l Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
R.G. CONSULTING, INC.	11980 KESWICK WAY	ļ	PAL	M BEACH GARDENS FL 900002 -01/21	\$2 7-4-9 1/990	9880 9194 11076022 *****141125999	
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 filling 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 some legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee
	this annual report is true and accurate and thet my signature shall have the semislegal 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 charge 620, Florida Stajutes.

Typed or Printed Name of General Partner Signing Form

DATE 11-30-98

Daytime Telephone Number