1. have of Links Parenetics 1s. DOCUMENT # Ag30000014445 98 0CT -2 PH 12:16 DOYSSEY INVESTMENTS, LTD. Image: Construction of the Constru	LIMITED P ARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sendre B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILLU SECRETARY OF STATE DIVISION OF CORPORATIONS	
Mailing Address Principal Office Address 3. Data Formed or Regulated 58. Speed Controlucion as Speed Address 1/201 VON KARMAN 17201 VON KARMAN 17201 VON KARMAN 12/29/1993 58. Speed Controlucion as Speed Address 56. Speed Controlucion as Speed Address	1. Name of Limited Partnership	^{1a.} DOCUMENT # A93000001445		98 001 -	2 PM 12: 16
1701 VON KARIAN 1701 VON KARIAN 1700 VON KARIAN 12/29/1993 \$56,304,000.00 BNIRE CA 82714 1901 VON KARIAN 12/29/1993 \$56,304,000.00 2. Mailing Address 28. Principal Office Address R. State or Cauchy of Formation 2. Mailing Address 28. Principal Office Address R. State, 20. Principal Office Address R. 2. Mailing Address 28. Principal Office Address R. State, 20. Principal Office Address R. 2. Mailing Address 28. Principal Office Address R. State, 20. Principal Office Address State, 20. Princi	DYSSEY INVESTMENTS, I	LTD.			
1700 VON KABILAN 1700 VON KABILAN 12/29/1993 \$56,304,000.00 RVHE CA 82714 INVNE CA 82714 \$56,304,000.00 2. Mailing Address 2a. Principal Office Address RL Str. 304/1997 2. Mailing Address 2a. Principal Office Address RL Str. 304/1000 SUBe, Apt. #, etc. 5. Fit Namber Applied For City & State City & State City & State City & State Str. 304/1000 2. Mailing Address of Country Zip Country B, Mae official prints in: Depti of State (See reference and the information of State (See reference and the information of State (See reference and Applied For 2. Maine and Address of Current Registered Apant 10. If dramated, mer Registered Apant/Citico Str. 200 S. Prints State (See reference and Apant/Citico 3. Runne and Address of Current Registered Apant 10. If dramated, mer Registered Apant/Citico Strest Address (PD, Bio Number is Not Acceptable) 3. Runne and Address of Current Registered Apant/Citico Strest Address (PD, Bio Number is Not Acceptable) Strest Address (PD, Bio Number is Not Acceptable) 3. Runne and Address of Current Registered Apant/Citico 10. If dramated, mer Registered Apant/Citico 10. If dramated, mer Registered Apant/Citico 3. Runne and Address Current Registered Apant/Citico 10. If d	Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
The Constant minute on Sch The Constant minute on Sch Constant minute Constant minu				12/29/1993	
2. Maling Address 28. Principal Office Address 9. Sale or Country of Formation 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 304, 000, 56, 56, 304, 000, 56, 56, 304, 000, 56, 56, 304, 000, 56, 56, 304, 000, 56, 56, 304, 000, 56, 56, 304, 000, 56, 56, 304, 000, 56, 56, 304, 000, 56, 56, 304, 000, 56, 56, 56, 56, 56, 56, 56, 56, 56, 56					
2. Mailing Andress 2a. Principal Office Address FL 56, 304, 000. Suite, Apt. #, etc. Suite, Apt. #, etc. B, FE, Number BARDAGE City & State City & State City & State B, Man and Address of Current Registered Agent Country B, Man and Address of Current Registered Agent 10. If changed, new Registered Agent (City & State) 2.0 Country 2p Country B, Man and Address of Current Registered Agent (City & State) 3.0.0 Name and Address of Current Registered Agent (City & State) 10. If changed, new Registered Agent (City & State) 3.0 Name and Address of Current Registered Agent (City & State) Name State (Dec Registered Agent City) 3.00 Name and Address of Current Registered Agent (Tity & State) Name State (Dec Registered Agent City) 3.00 Name and Address of Current Registered Agent (City & Dec City) Name State Address (PC. Box Number Is Nat Accorptate) 3.00 Purcent to the proteines of decing State (State State) Name State Address (PC. Box Number Is Nat Accorptate) 3.00 Purcent to the proteines of decing State (State State) Name State Address (PC. Box Number Is Nat Accorptate) 3.00 Resent Land Address of Cand Gtate Gtate (State) Nat Accorptate) </td <td></td> <td></td> <td>5D. Amount of Capital Contributions in FLORIDA to date:</td>					5D. Amount of Capital Contributions in FLORIDA to date:
City & State State Applicable City & State State City	2. Malling Address	2a. Principal Office Address	28, Principal Office Address		
Only & Calify Out & Calify Zip Country Zip Zip Country Zip Q. Mane and Address of Current Registered Agent 10. If changed, new Registered Agent of the Information SySTEM Q. Mane and Address of Current Registered Agent 10. If changed, new Registered Agent of the Information SySTEM 1200 S. PINE: ISLAND ROAD Suite, April 4 (E.) PLANTATION FL 33324 Suite, April 4 (E.) 10a. Pursuant to the provision of sections 60 1051 and 501 107. Folds Statutes, the sole campoint with Suite April 4 (E.) Direct Address (F.O. Box Number Is Not Acceptable) 10a. Pursuant to the provision of sections 60 1051 and 501 107. Folds Statutes, the sole campoint with Suite April 4 (E.) Direct Address (F.O. Box Number Is Not Acceptable) 10a. Pursuant to the provision of sections 60 1051 and 501 107. Folds Statutes, the sole campoint with the Island of the Statute Agent of the Statute Statute Agent of the Statute Agent of the Statute Statute Agent of the Statute Agent of the Statute Statute Agent of the Statute Agent of the Statute Agent of the Statute Agent of the Statute Statute Agent A					Applied For
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Imme Steel Address (P.O. Box Number is Not Acceptable) Steel Address (P.O. Box Number is Not Acceptable) Oty FL 21p Code 10a. Pursuant to the provisions of sections 820-182. Florids Balades, the above named initiad partnership organized or registered under the laws of the Bala of Florids, submit at this statement for the proper of organized of registered under the laws of the Bala of Florids, submit at this statement for the provision of sections 820-182. Florids Balades (P.O. Box Number is Not Acceptable) 110a. Pursuant to the provision of sections 820-182. Florids Balades (P.O. Box Number is Not Acceptable) INTE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 111. Name(c) of General Partner(s) 11a. (no NOT Use Fox Others Box Number) 11b. One State 5 Zip Code 11c. Registered Partner(s) Registerion 112. Name(c) of General Partner(s) 11a. (no NOT Use Fox Others Box Number) 11b. One State 5 Zip Code 11c. Decement Rember 113. Name(c) of General Partner(s) 11a. (no NOT Use Fox Others Box Number) 11b. One State 5 Zip Code 11c. Decement Rember 114. Name(c) of General Partner(s) 11a. (no NOT Use Fox Others Box Number) 11b. One State 5 Zip Code 11c. Decement Rember 113. Name(c) of General Partner(s) 11a. (no NOT Use Fox Others Box Number)	Zip Country	Zip	Country	8, Make check payable to: Dept. c	
Name Name 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Steel Address (P.O. Box Number is Net Acceptable) Steel Address (P.O. Box Number is Net Acceptable) Steel Address (P.O. Box Number is Net Acceptable) 10a. Pursuant to be provident of ascions 820.1051 and 520.192. Florids Balades, the above named imited partnership organized or registered under the laws of the Bala of Florids. Such change was subtrated by its general partner(b). I hereby accept the significant does not put the side not put the side not put the side not put the side no	9. Name and Address of Co	urrent Registered Agent	<u></u>	10. If changed, new Register	ed Ageni/Office
1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Street Address (Fc. Box Number Is Not Acceptate) 100. Pursuent to the provisions of sections 620.1051 and 620.102, Floride Statules, the above-named knited pertnership organized or registered under the laws of the Bate of Florida, such thango was suthinized by its general partner(s). I hereby accept the Epochtment of registered agent, or both, in the State of Florida, Such change was suthinized by its general partner(s). I hereby accept the Epochtment of registered agent, or both, in the State of Florida, Such change was suthinized by its general partner(s). I hereby accept the Epochtment of registered agent, or both, in the State of Florida, Such Change was suthinized by its general partner(s). I hereby accept the Epochtment of registered agent, or both, in the State of Florida, Such Change was suthinized by its general partner(s). I hereby accept the Epochtment of registered agent, or both, in the State of Florida, Such Change Waster Market State of Florida, Statutes SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. I1C. Decempoint Number is Not Accepting Appointment Number) 11. Name(s) of General Partner(s) 11a. (Decontrol Lee Florido Box Number) I1b. City. State & 2p. Code I1C. Decontrol Market Number) TENGA TACO, INC. 17901 VON KARMAN IRVINE CA 92714-6212 P930000023404 View Coeffy that the Information Explored with State Integration of State Information State Integrate Infore Coeffy Integrate Information Explore Infore	1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Name		
City FL Zp Code 10a. Pursuent to the provisions of sections 620.1051 and 520.192, Florida Statutes, the above-named finited partnership organized or registered under the laws of the State of Florida, submits his statement for the purpose of changing is 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 second the obligations of section 520.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. Neme(s) of General Partner(s) 11a. Address of Each General Partner Internet Must be florida address of Each General Partner 11. Neme(s) of General Partner(s) 11a. Address of Each General Partner Internet Must be florida address of Each General Partner 12. Neme(s) of General Partners MAY NOT be changed on this form; an amendment must be filed to change a general partner Pg30000023404 12. To benety cortly but the information supplied with this ling is volumating furnished and des on or qualify for the exemption stated in Section 150.750, Florida Statutes. Treese the Division cort partner with section address of the origination of section 150.750, Florida Statutes. Treese the Division cort partner of the information nucleiced on the seme legit effects as if made under ceth. I further certify that I am a General Partner of the information indicated on the semone stoparel address of the made curve or the semone					
IDa. Pursuent to the provisions of sections 620.192, Florida Statules, the above-named knilled partnership organized or registered under the Gate of Florida, submitta 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). Thereby accept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent, is an appointment) StorATURE (Registered Agent Accepting Appointment) Date A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. It Registration/ 11. Name(s) of General Partner(s) 11a. (oc MOT Use Post Office Book Numbers) It City, State & Zip Code It Registration/ 12. Name(s) of General Partner(s) 11a. (oc MOT Use Post Office Book Numbers) It RVINE CA 92714-6212 P930000023404 13. Option VON KARMAN IRVINE CA 92714-6212 P930000023404 14. 17901 VON KARMAN IRVINE CA 92714-6212 P930000023404 12. 14. 15. 16. 17901 VON KARMAN IRVINE CA 92714-6212 P930000023404 12. 14. 14. 17901 VON KARMAN IRVINE CA 92714-6212 P930000023404 P00000023404 P000					
for the purpose of changing its registered office or registered agent, or both, in the Bate of Florida. Such change was suthorized by its general partner(s). I hereby accept the obligations of section 520.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)			FL		
11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration/ Document Number TENGA TACO, INC. 17901 VON KARMAN IRVINE CA 92714-6212 P93000023404 P010002-05 95007-05 95007-05 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner 10. (Do 7/3)(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k). To inde statutes. I release the Division of the samuel report is required by chapter 500, Florida Statutes. 9/22/49/40 9/22/49/40	for the purpose of changing its registered offic sgent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	e or registered agent, or both, in the State of Flor allons of section 620.192, Florida Statutes.	ida. Such change was au	thorized by its general pariner(s). I here DAT	by accept the appointment of registered
TENGA TACO, INC. 17901 VON KARMAN IRVINE CA 92714-6212 P93000023404 P00002E 995000023404 P01002E 995000023404 P01002E 995000023404 P01002E 995000023404					
 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner 10.07/89-01109-807 *****526.25 *****526.25 *****526.25 *****526.25 	TENGA TAC Q , INC.			VINE CA 92714-6212	· · · · · · · · · · · · · · · · · · ·
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 trust empowered to execute this report as required by chapter 620, Florida Statutes.					
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 trust empowered to execute this report as required by chapter 620, Florida Statutes.	Note: General partners MAY N	OT be changed on this form	n; an amendm	ent must be filed to ch	ange a general partner.
SIGNATURE 9/23/98	12. I do hereby certify that the information supplied to Corporations from any liability of non-compliance this annual report is true and accurate and that r	with this filing is voluntarily furnished and does not s with Section 119.07(3)(k) in the event that the in my signature shall have the same legal effects as	t qualify for the exemption formation supplied is dee	stated in Section 119.07(3)(k), Florida med exempt from public access. I furth-	Statutes. I release the Division of ar certify that the Information indicated on
	SIGNATUR	La la		(1/22/98