


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership PARADISE THORNBLADE, LTD.		1a. DOCUMENT # A94000000501		
Mailing Address 6515 GRAND TETON PLAZA, SUITE 210 MADISON WI 53719		Principal Office Address 6515 GRAND TETON PLAZA, SUITE 210 MADISON WI 53719		3. Date Formed or Registered 04/07/1994
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 10/01/1997
				4. State or Country of Formation FL
				5a. Capital Contributions as Shown on record \$6,000.00
				5b. Amount of Capital Contributions in FLORIDA to date
				6. FEI Number 59-3234442 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
				8. Make check payable to: Dept. of State (See reverse side for fee information)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 MAR 16 PM 4:42



9. Name and Address of Current Registered Agent STROSS, HOWARD C 34650 U.S. 19 NORTH, SUITE 307 PALM HARBOR FL 34684		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL 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) PARADISE DEVELOPMENT GROUP, E. J. PLESKO AND ASSOCIATES,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11711-A SOUTH TENTH S 6515 GRAND TETON PLAZ	11b. City, State & Zip Code SAFETY HARBOR FL 3469 MADISON WI 53719	11c. Registration/ Document Number S76741 507607
1000002818791--1 -03/25/99--01093--015 ****150.00 ****150.00 BKC 3/16/99			

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

Typed or Printed Name of General Partner Signing Form

E. J. PLESKO

Daytime Telephone Number

(608) 833-7600

CR2E003 (12/98)