


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 98 DEC 30 PM 3:28 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Name of Limited Partnership SANTA FE VENTURES, LTD.		1a. DOCUMENT # A94000000762			
Mailing Address C/O HUNTCO MANAGEMENT, L.C. 405 LAKE CITY AVE. LAKE CITY FL 32055		Principal Office Address C/O HUNTCO MANAGEMENT, L.C. 405 LAKE CITY AVE. LAKE CITY FL 32055		3. Date Formed or Registered 06/01/1994 3a. Date of Last Report 01/23/1998 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$26,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 26,000.00	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		6. FEI Number 59-3308425 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent COLEMAN, ALLEN O 500 ACL ROAD LAKE CITY FL 32025		10. If changed, now Registered Agent/Office Name: Allen (D.) Coleman Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City: FL 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 AND ACTIVE WITH THIS OFFICE.					
11. Name(s) of General Partner(s) HUNTCO MANAGEMENT, L.C.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) ROUTE 4, BOX 652B		11b. City, State & Zip Code LAKE CITY FL 32055	
				11c. Registration/ Document Number L94000000251	
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 <u>Allen D. Coleman</u> Hunter Management Co DATE <u>12/22/98</u> Typed or Printed Name of General Partner Signing Form <u>Allen D. Coleman</u> Daytime Telephone Number <u>904-755-5105</u>					

CR2E003 (8/98)