

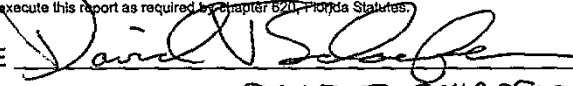


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC -7 PM 1:41	
1. Name of Limited Partnership GDP LIMITED PARTNERSHIP		1a. DOCUMENT # A94000001213			
Mailing Address P.O. BOX 546 PALM CITY FL 34991		Principal Office Address 1695 S.W. ST. ANDREWS DRIVE PALM CITY FL 34990		3. Date Formed or Registered 09/02/1994	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address 2619 SW GREENWICH WAY Suite, Apt. #, etc. City & State PALM CITY, FL Zip Country 34990 USA		3a. Date of Last Report 12/09/1997	
				4. State or Country of Formation FL	
				5a. Capital Contributions as Shown on record. \$1,224,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date: \$1,224,000	
				6. FEI Number 65-0501627 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent SCHAEFER, DAVID J 1695 S.W. ST. ANDREWS DRIVE PALM CITY FL 34990				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 2619 SW GREENWICH WAY Suite, Apt. #, etc. City PALM CITY, FL Zip Code 34990	
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) SCHAEFER, DAVID J		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1695 S.W. ST. ANDREWS 2619 SW GREENWICH WAY		11b. City, State & Zip Code PALM CITY FL 34990	
				11c. Registration/Document Number 200002710792--7 -12/11/98-01104-009 ****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. 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 		Typed or Printed Name of General Partner Signing Form DAVID J. SCHAEFER		DATE 12/1/98 Daytime Telephone Number (561) 221-0925	

CR2E003 (8/98)