


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 Gari Family Limited		1a. DOCUMENT # A94000001391 Partnership	
Mailing Address 13617 Lytton Way Tampa, FL 33624		Principal Office Address 10/12/1994 3a. Date of Last Report 1-12-98 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$120,000 5b. Amount of Capital Contributions in FLORIDA to date: \$145,000	
2. Mailing Address 13617 Lytton Way Suite, Apt. #, etc.		2a. Principal Office Address SAME Suite, Apt. #, etc.	
City & State Tampa, FL		City & State FL	
Zip 33624		Country US	
3. Date Formed or Registered 10/12/1994		6. FEI Number 59-3271028	
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)	

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
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9. Name and Address of Current Registered Agent Gari, Gerard 13617 Lytton Way Tampa, FL 33624		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
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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 12-30-98

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) Gerard Gari	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13617 Lytton Way	11b. City, State & Zip Code Tampa, FL 33624	11c. Registration/Document Number \$526.25
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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

Daytime Telephone Number