

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 15 PM 1:23

1. Name of Limited Partnership	1a. DOCUMENT # A94000001433
HARDULA S.C. COMPANY, LTD.	



Mailing Address C/O REALTY MGT CO. 5410 HOMBERG DR KNOXVILLE TN 37919		Principal Office Address C/O REALTY MGT CO. 5410 HOMBERG DR KNOXVILLE TN 37919		3. Date Formed or Registered 10/26/1994	5a. Capital Contributions as Shown on record. \$7,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/19/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3584584	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country		Zip Country		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 WALTERS, CLIFFORD L 802 11TH STREET WEST BRADENTON FL 34205	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) WAULEE CORPORATION	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 550 MAMARONECK AVENUE	11b. City, State & Zip Code HARRISON NY 10528	11c. Registration/ Document Number P94000078687
500002720835--9 -12/23/98-01053--017 ****141.25/****141.25 12-22			

**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

*Steven Levin* Vice President

DATE

11/6/98

Typed or Printed Name of General Partner Signing Form

STEVEN LEVIN

Daytime Telephone Number

561 883 1412

CR2E003 (8/98)