


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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		RECORDED INDEXED 90 FEB 10 AM 8:17	
1. Name of Limited Partnership  <b>CONTINENTAL FARMS LIMITED</b>		1a. DOCUMENT # <b>PA4000001450</b>		3. Date Formed or Registered <b>10/26/1994</b>	
Mailing Address <b>2020 NW 89th Place Miami, Florida 33172</b>		Principal Office Address <b>2020 NW 89th Place Miami, Florida 33172</b>		5a. Capital Contributions as Shown on record <b>\$9,801,100.00</b>	
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 <b>01/31/1997</b>	
				4. State or Country of Formation <b>FL</b>	
				6. FEI Number <b>65-0599444</b>	
				7. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
				8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  <b>Timothy D. Richards, Esq. 2665 South Bayshore Drive Suite 703 Miami, Florida 33133</b>		10. If changed, new Registered Agent/Office Name <b>World Corporate Services, Inc.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>2665 South Bayshore Drive</b> Suite, Apt. #, etc. <b>Suite 703</b> City <b>Miami,</b> Zip Code <b>FL 33133</b>	
--	--	--	--

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 [Signature] as agent. I am familiar with, and accept the obligations of section 620.196, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *[Signature]* VICE-PRESIDENT DATE **01/13/99**

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<b>Continental Farms Management, Inc.</b>	<b>2020 NW 89th Place</b>	<b>Miami, Florida 33133</b>	<b>PA40000079308</b> <b>800002777498--5</b> <b>-02/17/99--01015--015</b> <b>****535.00 ****535.00</b>

**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 *[Signature]* DATE **1/25/99**  
 Typed or Printed Name of General Partner Signing Form **L. James Teper** Daytime Telephone Number

CR2E003 (8/98)