## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

## LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



## FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

95 177 - 5 151 1:36

.1. Name of Limited Partnership	1a. DOCUMENT # <b>A94000001527</b>					
BOLIVAR FUNDS, LIMITED					#### #################################	
Mailing Address	Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record	
4901 VANDIVEER ROAD  JACKSONVILLE FL 32210  4901 VANDIVEER ROAD  JACKSONVILLE FL 32210				11/15/1994	\$4,500,000.00	
				3a. Date of Last Report 12/30/1997	5b. Amount of Capital	
				4. State or Country of Formation	Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address			FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	City & State			59-3281947	Not Applicable	
Zip Country	Zıp	Country		7. Certificate of Status Desired  8. Make check payable to Dept of	\$8.75 Additional Fee Required  1 State (See reverse side for fee information)	
					EF 526.25	
- 9, Name and Address of Current Registered Agent		10. If changed new Registered Agent/Office 75 503 .30				
GARCIA-BENGOCHEA, JAVIER		Street Address (P.O. Box Number Is Not Acceptable)				
4901 VANDIVEER ROAD JACKSONVILLE FL 32210		Suite, Apt #, etc				
		Crty FL Zip Code				
10a. Pursuant to the provisions of sections 620 1051 and 6 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Flo	ed limited partne rida - Such chan	iership organi nge was authi	zed or registered under the laws of th orized by its general partner(s). I here	a State of Florida, submits this statement by accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)  DATE						
A GENERAL PARTNER THAT I	S A CORPORATION, BE REGISTERED A	LIMITED ND ACTI	D PART	NERSHIP OR OTH	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Past Office B	al Partner ox Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
GARCIA-BENGOCHEA, JAVIER	4901 VANDIVEER ROAD		34	ACKSONVILLE FL 32210		
SCHUMACHER, MARGARITA M	1886 MONTGOMERY PL.		J#	ACKSONVILLE FL 32205		
GARCIA-BENGOCHEA, FRANCISCO 4901 VANDIVEER ROAD		AD	J#	ACKSONVILLE FL 32210		
				00002 05/06 04/44	8650604 /9901050002	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. Ido 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, Floriga Statutes.

4-25-99

Daytime Telephone Number