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

1. Name of Limited Partnership

DOCUMENT # 1a.

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SPECTRUM - B & E, LTD.			1 1871615 1016 10141 81111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111 88111	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
P.O. BOX 159	3415 W. CYPRESS ST. TAMPA FL 33607		03/15/1995	
TARPON SPRINGS FL 34688-0159			3a. Date of Last Report 12/31/1997	\$155,000.00 5b. Amount of Capital
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6, FE Number 59-3301268	Applied For Not Applicable
City & State			7. Certificate of Status Desired	
Zip Country	Zıp	Z _I p Country		\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent ZAVODNY, R. JOHN 3415 W. CYPRESS ST. TAMPA FL 33607		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City Lip Code		
SIGNATURE (Registered Agent Accepting Appointment)	IS A CODDODATION	KINNITED E	DATE OA DE OTUI	ED DI ICINECE ENTITY
A GENERAL PARTNER THAT MUS	T BE REGISTERED AN	D ACTIVE	WITH THIS OFFICE.	EK BUSINESS ENTITT
11. Name(s) of General Partner(s)	Address of Each General 11a. (Do NOT Use Post Office Bo	Partner x Numbers) 1	1b. City, State & Zip Code	11c. Registration/ Document Number
SPECTRUM FINANCIAL RESOURCES	3415 W. CYPRESS ST.		TAMPA FL 33607	S18969
URBAINCYZK ENTERPRIS	1717 W. FAIRBANKS		WINTER PARK FL 32789	P95000017521
•			100002	288:70718 2/8301144010 26.25 ****526.25
Note: General partners MAY NOT	be changed on this form	n; an amen	dment must be filed to ch	ange a general partner.
I do hereby certify that the information supplied with It from any liability of non-compliance with Section 119 is true and accurate and that my signature shall have execute this report as required by chapter 620, Florid	07(3)(k) in the event that the information sup the same legal effects as if made under oath	plied is deemed ex-	empt from public access. I further certify that the	e information indicated on this annual report

SIGNATURE

Typed or Printed Name of General Partner Signing Fo Daytime Telephone Number