

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

99 MAR -5 PM 1:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership MATTHEW GILLIO ENTERPRISES, LTD.		1a. DOCUMENT # A95000000492	
2. Mailing Address 645 VALHALLAWAY Suite, Apt. #, etc. #107 City & State Lake Mary FL Zip 32746		2a. Principal Office Address 645 VALHALLAWAY Suite, Apt. #, etc. #107 City & State Lake Mary FL 32746 Zip 32746	

3. Date Formed or Registered 03/29/1995	5a. Capital Contributions as Shown on record \$7,500.00
3a. Date of Last Report 12/03/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-3292125	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 GILLIO, MATTHEW 2809 JACANA COURT LONGWOOD FL 32779	10. If changed, new Registered Agent/Office Name Gillio Matthew Street Address (P.O. Box Number Is Not Acceptable) 645 VALHALLAWAY #107 Suite, Apt. #, etc. Lake Mary City FL Zip Code 32746
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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) Matthew M. Gillio DATE 12-31-98

**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) GILLIO, MATTHEW	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2809 JACANA COURT	11b. City, State & Zip Code LONGWOOD FL 32779	11c. Registration/Document Number 500002795745-0 03/03/93-01077-002 ***141.25/141.25 3-5-99
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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 Matthew M. Gillio DATE 12-31-98
Typed or Printed Name of General Partner Signing Form MATTHEW M. GILLIO Daytime Telephone Number 4073214823

CR2E003 (8/98)