## 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 FILED SECONTARY OF STATE DIVIDION OF COMPORATIONS

/	SO RE 32		99 FB 24 PM	L: 37	
1. Name of Limited Partnership	1a. DOCUMENT # <b>A9500000724</b>		!		
HURRICANE INVESTMENT CO	OMPANY, LTD.			[	
Mailing Address 2435 HOLLYWOOD BLVD. #204	Principal Office Address  2435 HOLLYWOOD BLVD.  #204  HOLLYWOOD FL 33020		3. Date Formed or Registered  05/03/1995  3a. Date of Last Report	05/03/1995 \$100.00	
HOLLYWOOD FL 33020			12/24/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address		FL	100-00	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 65-0580738	Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
			8. Make check payable to Dept o	State (See reverse side for fee information)	
9, Name and Address of Current I	Registered Agent	T	10. If changed, new Registered	Agent/Office	
3155 N. 39TH STREET HOLLYWOOD FL 33021  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-for the purpose of changing its registered office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		Suite, Apt #, City  ed limited partners ida Such change	ship organized or registered under the laws of th	FL Zip Code c State of Florida, submits this statement by accept the appointment of registered	
A GENERAL PARTNER THAT  MUST	IS A CORPORATION,	LIMITED	PARTNERSHIP OR OTHI E WITH THIS OFFICE.	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11c. Registration/	
HURRICANE INVESTMENT COMPANY 3155 N. 39TH STREET			HOLLYWOOD FL 33021	P95000036046 2 7945210 8	
			2/19		
Note: General partners MAY NOT	be changed on this form	n; an ame	ndment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119 07 is true and accurate and that my signature shall have the execute this report as required by chapter 620. Florida 5	<li>(3)(k) in the event that the information supple same legal effects as if made under oat!</li>	plied is deemed e	xempt from public access. I further certify that the that I am a General Partner of the limited partner	e information indicated on this annual report ship, receiver or trustee empowered to	
SIGNATURE					

Typed or Printed Name of General Partner Signing Form MALCOLM Reown

DATE #/////
Daytime Telophone Number 984- 966- 8789