

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN -4 PM 4:01

1. Name of Limited Partnership	1a. DOCUMENT # A95000001057
PERDIEM LTD.	



2. Mailing Address		2a. Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
1417-3 DEL PRADO BLVD., SUITE 473 CAPE CORAL FL 33990		1417-3 DEL PRADO BLVD., SUITE 473 CAPE CORAL FL 33990		07/14/1995	\$10,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000
City & State		City & State		01/02/1998	
Zip		Country		4. State or Country of Formation	
				FL	
				6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				65-0626218	
				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		10. If changed, new Registered Agent/Office	
BERTRAND, DEAN M 1417-3 DEL PRADO BLVD. SUITE 473 CAPE CORAL FL 33990		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL Zip Code	

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) _____ DATE _____

**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
THE NATIONAL PERDIEM COMPANY	201 N. WALNUT ST., TH	WILMINGTON DE 19801	F95000003371
200002750952--8 -01/22/98--01010--003 ***141.25 ***141.25			

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 Dean M Bertrand PRESIDENT THE NATIONAL PERDIEM COMPANY DATE DEC 30, 1998
 TYPED OR PRINTED NAME OF GENERAL PARTNER SIGNING FORM DEAN M BERTRAND PRES. OF THE NATIONAL PERDIEM CO DAYTIME TELEPHONE NUMBER 304 634 6894

CR2E003 (8/98)