

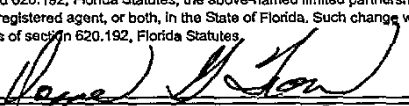
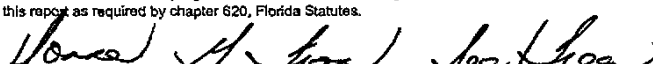


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 JAN -5 AM 10:22 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Name of Limited Partnership MATRO, LTD.		1a. DOCUMENT # A95000001188			
Mailing Address XXXXXX XXXXXX XXXXXX		Principal Office Address XXXXXX XXXXXX XXXXXX		3. Date Formed or Registered 08/08/1995	
2. Mailing Address 2902 Spaniel Lane		2a. Principal Office Address Same		3a. Date of Last Report 01/22/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State Seffner, FL 33584		City & State		5a. Capital Contributions as Shown on record. \$100,000.00	
Zip 33584		Country USA		5b. Amount of Capital Contributions in FLORIDA to date.	
				6. FEI Number 59-3332985 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired XXX \$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 TRONU, DONNA G 5016 24TH AVENUE SOUTH TAMPA FL 33619				10. If changed, new Registered Agent/Office Name Donna G. Tronu Street Address (P.O. Box Number Is Not Acceptable) 2902 Spaniel Lane Suite, Apt. #, etc. City Seffner FL Zip Code 33584	
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 10/19/98					
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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
SUN BELT HOLDINGS OF TAMPA B		XXXXXX 2902 Spaniel Lane		XXXXXX Seffner, FL 33584	
				11c. Registration/ Document Number P95000060942	
				4000002750914--6 -01/21/99--01119--011 ***535.00 ***535.00	
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  DATE 10/19/98					
Typed or Printed Name of General Partner Signing Form Donna G. Tronu, Sec/Trea Daytime Telephone Number (813) 681-8696					

CR2E003 (8/98)