

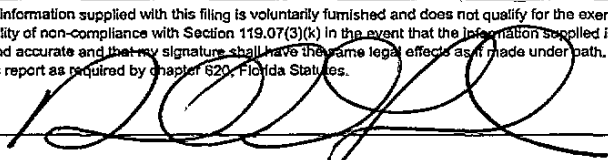


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED 98 DEC 29 AM 10:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership SAMJUL ENTERPRISES LIMITED PARTNERSHIP		1a. DOCUMENT # A95000001236			
Mailing Address 4440 PGA BLVD., STE. 103 PALM BEACH GARDENS FL 33418		Principal Office Address 11980 KESWICK WAY PALM BEACH GARDENS FL 33418		3. Date Formed or Registered 08/18/1995 3a. Date of Last Report 12/23/1997 4. State or Country of Formation FL	
2. Mailing Address 4440 PGA BLVD. Suite, Apt. #, etc. SUITE 402 City & State PALM BEACH GARDENS, FL Zip Country 33410 PALM BEACH		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$7,500.00 5b. Amount of Capital Contributions in FLORIDA to date: <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 WOLLETT, CYLESTE 4440 PGA BLVD., STE. 103 PALM BEACH GARDENS FL 33410			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number) 500002742695--1 4440 PGA BLVD. -01/14/99-01121-012 Suite, Apt. #, etc. SUITE 402 ****141.25 ****141.25 City PALM BEACH GARDENS, FL Zip Code 33410		
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) R.G. CONSULTING, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11980 KESWICK WAY		11b. City, State & Zip Code PALM BEACH GARDENS FL	
11c. Registration/Document Number S29880 <div style="text-align: right; font-size: 2em;">1-13 LTS</div>					
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 11-30-98					
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____					

CR2E003 (8/98)