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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SIGNATURE_

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF CORPORATIONS

GO HOU A

DATE 11/25/98

Daytime Telephone Number 9 4 1 - 9 2 3 - 2 7 0 0

				ו זאו סכ	מיציו ו	Mr	
1. Name of Limited Partnership	1a. DOCUMENT # A95000001361			30 NUV 30 AM 9: 59			
JIRENE LIMITED				721213			
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
6000 SOUTH TAMIAMI TRAIL SARASOTA FL 34231	6000 SOUTH TAMIAMI TRAIL SARASOTA FL 34231			09/11/1995 3a. Date of Last Report	\$100,000.00		
			j	11/25/1997	5b. Amou Contr to dat	int of Capital ibutions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation to date:			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0618663	Applied For Not Applicable		
City & State	City & State		ŀ	7. Certificate of Status Desired	\$8.75 Additional		
Zip Country	Zip	Country		8. Make check payable to: Dept. of S		Fee Required	
9 Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office			
		Name					
URFER, JACK D 6000 SOUTH TAMIAMI TRAIL		Street Address (P.O. Box Number Is Not Acceptable)					
SARASOTA FL 34231		Suite, Apt. #, etc.					
		City Zip Code					
10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of sections.	stered agent, or both, in the State of Florid	limited partne a. Such chang	rship organi: e was autho	zed or registered under the laws of the rized by its general partner(s). I hereby	State of Florid accept the ap	a, submits this statement pointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			_	DATE_			
A GENERAL PARTNER THAT IS MUST	A CORPORATION, L BE REGISTERED AND	MITED ACTIV	PART E WIT	NERSHIP OR OTHER H THIS OFFICE.	R BUSII	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner Numbers)	11b. City, State & Zip Code		11c.	Registration/ Document Number	
TJU, INC.	6000 SOUTH TAMIAMI TR		SARASOTA FL 34231		P95000067999		
				1000027 -12/04/5 ****52	040 8011 8.25	61 —-6 15019 ****\$26.25	
Ţ			<u>, , , , , , , , , , , , , , , , , , , </u>				
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 votuntarily 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.							

Thelma Urfer