## 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

1. Name of Limited Partnership

1a. DOCUMENT # A9500001586

SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 10 AM 9: 02

REDSTONE RESOURCES, LTD.				
Mailing Address 3801 SOUTH NINE DRIVE	Principal Office Address 3801 SOUTH NINE DRIVE		3. Date Formed or Registered	52. Capital Contributions as Shown on record.
VALRICO FL 33594	VALRICO FL 33594			\$2,000,000.00  5b. Amount of Capital Contributions in FLORIDA to dete:
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	1,711,196.04
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3339330	Applied For Not Applicable
City & State  Zip Country	City & State	Zip Country		\$8.75 Additional Fee Required
Zip Country		- Coding	8. Make check payable to: Dept. of 8	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office	
WIMBLE, BILL 3801 SOUTH NINE DRIVE VALRICO FL 33594		Street Address (P.O. Box Number Is Not Accentable)  Suite, Apt. #, etc.  City  FL  Žijl/Add		
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment	ce or registered agent, or both, in the State of Fi ations of section \$20.192, Florida Statutes		rship organized or registered under the laws of the e was authorized by its general partner(s). I hereby	
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 Gene (Do NOT Use Post Office		11b. City, State & Zip Code	11c. Registration/ Document Number
REDSTONE RESOURCES AND FUND	3801 SOUTH NINE DRI	VE	VALRICO FL 33594	P93000068627
]			-09711	5 3 7 5 7 9 - 1 /9801082011 26.25 ****\$20.25
Note: General partners MAY N	OT be changed on this for	m; an ame	endment must be filed to cha	inge a general partner.

12. I do hereby certify that the Information supplied with this fiting is votuntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Floride Statutes. I release the Division of

empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

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