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 # **A9500001860**

SECRETARY OF STATE DIVISION OF CORPORATIONS 98 OCT 26 AM 10: 10

7.1000000.000		_			
VANJARIA LIMITED PARTNERSHIP			~ 10/2%		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 2200 ST AUGUSTINE FL	2365 ST ROAD 16 ST AUGUSTINE FL 32095		11/29/1995 3a. Date of Last Report	\$1,500,000.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		02/13/1998 4. State or Country of Formation		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number 59-3349201	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		\$8.75 Additional
Zip Country	Zip Cot	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		
VANJARIA, ABDUL 2365 ST RD 16 ST AUGUSTINE FL 32095		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 for the purpose of changing its registered office or regist agent. I am familiar with, and accept the obligations of s	tered agent, or both, in the State of Florida. S	ited partnership orgar iuch change was auth	nized or registered under the laws of the orized by its general partner(s). I hereby	State of Florida y accept the app	, submits this statement ointment of registered
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 Par (Do NOT Use Post Office Box No.	tner 11b.	City, State & Zip Code	11c.	Registration/ Document Number
VANJARIA VENTURES, INC.	1542 KINGSLEY AVE., S			K359	922
			0000021 -10/29, ****53	5761 738010 85.00 *	DD

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-compilance 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

HAN; F VANJARIA

Typed or Printed Name of General Partner Signing Form VILE PRES. - VANJARIA VENTURES Daytime Telephone Number

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

SIGNATURE