


FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 97 DEC 19 AM 9:34 mth 12/29	
1. Name of Limited Partnership PRECISION PARTNERS, LTD.		1a. DOCUMENT # A95000002001			
Mailing Address 237 ERNESTINE STREET ORLANDO FL 32801		Principal Office Address 237 ERNESTINE STREET ORLANDO FL 32801		3. Date Formed or Registered 12/21/1995 3a. Date of Last Report 01/10/1997 4. State or Country of Formation FL	
2. Mailing Address PO Box 3789 Suite, Apt. #, etc. City & State Orlando FL Zip Country 32801 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record. \$10,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number 59-3365023 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" 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 MOORE, DONALD L JR. 237 ERNESTINE STREET ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 465 Piney Craft Lane Suite, Apt. #, etc. City Maitland State FL Zip Code 32751
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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) PRECISION PARTNERS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 237 ERNESTINE STREET	11b. City, State & Zip Code ORLANDO FL 32801	11c. Registration/Document Number P95000094254
3000002385423--2 -12/30/97--01031--006 ****182.50 ****182.50			

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 _____

Typed or Printed Name of General Partner Signing Form: **DONALD L. MOORE, JR.** Daytime Telephone Number: **407-648-1090**

CR2003 (6/97)