

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 JAN -5 PM 1:27 TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership WOOLFOLK, LTD.		1a. DOCUMENT # A95000002027		3. Date Formed or Registered 12/26/1995 3a. Date of Last Report 01/02/1998 4. State or Country of Formation FL 6. FEE Number: 65-0631459 65-6192198 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)	
Mailing Address C/O DARRYL HINKLE 2600 NE 14TH STREET (CAUSEWAY) POMPANO BEACH FL 33062		Principal Office Address C/O DARRYL HINKLE 2600 NE 14TH STREET (CAUSEWAY) POMPANO BEACH FL 33062		5a. Capital Contributions as Shown on record \$902,000.00 5b. Amount of Capital Contributions in FL OR (IA) to date 902,000.00 <input type="checkbox"/> Applied for <input checked="" type="checkbox"/> Not Applicable	
2. Mailing Address Suite, Apt. #, etc City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc City & State Zip Country		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code	
9. Name and Address of Current Registered Agent HINKLE, DARRYL 2600 NE 14TH STREET CAUSEWAY POMPANO BEACH FL 33062		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) WOOLFOLK, BRUCE WOOLFOLK, BETTY WOOLFOLK		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1440 S.E. 15TH STREET 6657 MT. Vernon Rd SE 13270 SIR FRANCES DRA		11b. City, State & Zip Code FORT LAUDERDALE FL 33 Cedar Rapids, Iowa 52403 INVERNESS CA 94937	
11c. Registration Document Number		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 B. Woolfolk Typed or Printed Name of General Partner Signing Form Bruce Woolfolk		DATE 12/28/98 Daytime Telephone Number (319) 362 8975			

CR2E003 (8/98)