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

DOCUMENT# A96000000255

FILED

98 OCT 30 PM 2: 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NUSSEI	LL W. WORMS FAWIR	LY LIVITED PARTNERS	onir				
Mailing Address Principal Office Address			3. Date Formed or Register	ed 5a. Car	5a. Capital Contributions as Shown on record.		
6410 APPAI	LOOSA DRIVE	6410 APPALOOSA DRIVE	6410 APPALOOSA DRIVE			\$5,000.00	
TAMPA FL	33625	TAMPA FL 33625	TAMPA FL 33625				
				12/03/1997	5b. Am	ount of Capital atributions in FLORIDA	
2. Mailin	- Address	2a. Principal Office Address		4. State or Country of Forma	ation to d	ate:	
Z. Wann	g Address	ZGZ 1 Tiricipal Onice Address	Zee Thiops Onco recion			5,000	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For	
City & Stat	e e	City & State	City & State			Not Applicable	
					ed 🔲	\$8.75 Additional Fee Required	
Zip Country :		Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)		
	9 Name and Address of Cu	rrent Registered Agent		10. If changed, new Re	gistered Agent/Office	•	
			Name				
	S, RUSSELL W		Street Address (P.O. Box Number is Not Acceptable)				
	PPALOOSA DRIVE FL 33625		Suite, Apt. #, etc.				
Trum 20	1 6 00000		City		Zip Code		
			FL FL				
for		i1 and 620.192, Florida Statutes, the above-nan e or registered agent, or both, in the State of Fic titions of section 620.192, Florida Statutes.			I hereby accept the		
	(Registered Agent Accepting Appointment			DADTNEDOUD OD O	DATE	INICO ENTITY	
AGE	NEKAL PAKINEK IH. MU	AT IS A CORPORATION, JST BE REGISTERED AN	IIMIIIEL VD ACTI	VE WITH THIS OFFICE.	I UEK BOS	INESS ENTITY	
11.	Name(s) of General Partner(s)	11a. Address of Each Gene	ral Partner	11b. City, State & Zip Code	11c.	Registration/ Document Number	
MORR	IS, RUSSELL W	6410 APPALOOSA DRIV	E	TAMPA FL 33625			
				10000	12679 103/980	241 ₋₀₂₄ 5	
				***	**141.25	****141.25	
					AL NO	V - 2 1998,	
Note:	General partners MAY N	OT be changed on this for	m; an am	endment must be filed to	change a	general partner.	
12. I do h	ereby certify that the information supplied warations from any liability of non-compliance	oith this filing is voluntarily furnished and does no with Section 119.07(3)(k) in the event that the i my signature shall have the same legal effects as	ot qualify for the information supp	exemption stated in Section 119.07(3)(k), Fi	orida Statutes. I rele further certify that ti	ase the Division of se information indicated on	
OLONIA:	TIME ALLOND	19/ morris			in/a	100	

SIGNATURE	1 where	<u>.</u>	Mount	<u>-</u>
Typed or Printed Name of General	al Bostner Signing Form	Ro	crell W.	Macric

Daytime Telephone Number 817-920-