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

DOCUMENT#

FILED 98 DEC 18 PM 4: 30

City & State City & State City & State 7. Certificate of Status Desired 8. Make check payable to: Dept of State (See reverse side 9. Name and Address of Current Registered Agent Name HERRICK, NORTON Street Address (RO, Box Number is Not Acceptable)	STATE FLORIDA	
2295 CORPORATE BLVD NORTHWEST SUITE 222 BOCA RATON FL 33431 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Country 3. Date of Last Report 12/15/1997 4. State or Country of Formation FL 6. FEI Number 84-1328695 7. Certificate of Status Desired 8. Make check payable to: Dept of State (See reverse side 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name HERRICK, NORTON		
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2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Apr. #, etc. 6. FEI Number 84-1328695 7. Certificate of Status Desired 88. Make check payable to: Dept. of State (See reverse side Name HERRICK, NORTON Street Address (RO, Box Number is Not Acceptable)	00.00	
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9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office Name HERRICK, NORTON Street Address /R.O. Box Number Is Not Acceptable)	-75 Additional (se Required	
HERRICK, NORTON Street Address /R.O. Box Number Is Not Acceptable)		
Street Address (P.O. Box Number Is Not Acceptable)		
2295 CORPORATE BLVD., NW	(P.O. Box Number Is Not Acceptable)	
STE. 222 Suita, Apt. #, etc.	Suite, Apt. #, etc.	
BOCA RATON FL 33431	FL Zip Code	
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, subm 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 agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes.		
SIGNATURE (Registered Agent Accepting Appointment)DATE	O ENTITY	
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINES MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.	SENIIIY	
	egistration/ iment Number	
ROLLER HOCKEY OF COLORADO GP 2295 CORPORATE BLVD., BOCA RATON FL 33431 P960000		
2000272634 -12/30/9801053 ****150.80 ***	3027	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general		
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 D 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 supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certification is deemed access.	al partner.	

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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Herry fres filter forky globorate GY Daytime Telephone Number 561-241-9880