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# A96000000877

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



SAVANNAH SOUNDS LTD.							
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
1126 FRANCISCO WAY		Westwood Souare. Suite "C" Edo FL 32765		05/06/1996	\$3,000.00		
WINTER SPRINGS FL 32708	OVIEDO FL 32765			3a. Date of Last Report			_
				02/02/1998 4. State or Country of Formation	DD. Amour Contrit to date	nt of Capital outions in FLORIDA :	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address			3,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For		
City & State	City & State	City & State		NOT APPLICABLE 7. Certificate of Status Desired	Not Applicable		
Zip Country	Zip Country			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				
KEENE, JODI ANN		Name					
1126 FRANCISCO WAY		Street Addres	Street Address (P.O. Box Number is Not Acceptable)				
WINTER SPRINGS FL 32708		Suite, Apt. #, etc.				\dashv	
		City			FL Zip Code		\dashv
for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	ns of section 620.192, Florida Statutes.	LIMITED	PART	DATE NERSHIP OR OTHE			<u></u>
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	al Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
KEENE, JOD! ANN	1126 FRANCISCO WAY			WINTER SPRINGS FL 327			(8/8)
KEENE, JILL ALLYSON	925 DYSON DRIVE V		WIN	TER SPRINGS FL 327			CR2E003 (8/98)
4		,		2000021 -10/23 *****1	/9801	3 4 22 003005 ****141.25	2
			dec				
Note: General partners MAY NO	Γ be changed on this forn	n; an ame	ndmei	nt must be filed to cha	nge a ge	neral partner	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance with this annual report is true and accurate and that my sempowered to execute this reports as required by characteristics.	h Section 119.07(3)(k) in the event that the intigrature shall have the same legal effects as i	formation supplie	d is deeme	ed exempt from public access. I further	certify that the i	nformation indicated on	
SIGNATURE YOUR	Me			DATE	199	198	_
Typed or Printed Name of General Partner Signing Form				Daytime Telephone Number			