

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

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SARDONYX ASSOCIATES LIMITED PARTNERSHIP

Mailing Address PO BOX 10805 PITTSBURGH PA 15236		Principal Office Address 825 SANTA BARBARA BLVD. CAPE CORAL FL 33991		3. Date Formed or Registered 09/27/1996	5a. Capital Contributions as Shown on record. \$250,500.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/31/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$250,500.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 65-0700170	
Zip		Country		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 GRAVINA, PETER J 1833 HENDRY STREET FORT MYERS FL 33901	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) PERIDOT ENTERPRISES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 257 MERION DRIVE	11b. City, State & Zip Code PITTSBURGH PA 15228	11c. Registration/Document Number F98000004992
3000002407869--4 -01/21/98--01139--011 *****550.00 *****550.00			

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

Daytime Telephone Number

Robert C. Lehr
Pres of G.P.

12/26/97
412-653-1841

CR2E003 (6/97)