FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999



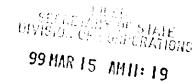
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A9600001914**



GBV INTERNATIONAL, LTD.		1 1067011 1010 10116 01141 00		
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
998 N.W. 9TH COURT	998 N.W. 9TH COURT	10/14/1996		
BOCA RATON FL 33486	BOCA RATON FL 33486	3a. Date of Last Report 04/08/1998	\$384,616.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a, Principal Office Address	4. State or Country of Formation	384,616.00	
Suite, Apt. #, etc.	Suite, Apt #, etc.	6, FEI Number 65-0699725	Applied For	
City & State	City & State	7. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Zip Country	Z _I p Cou	ntry	Fee Required For State (See reverse side for fee information)	
9. Name and Address of	Current Registered Agent	10. If changed, new Registerer	d Agent/Office	
PATEL, ASHOK M.D. 998 NW 9TH COURT BOCA RATON FL 33486 10a. Pursuant to the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections 620 1051 and 620.192, Fiorida Statutes, the above-national contents of the provisions of sections of the provisions o		Street Address (P.O. Box Number (STATEMENT) 12-115-115-115-15-15-15-15-15-15-15-15-15-		
for the purpose of changing its registered of agent. I am familiar with, and accept the obi SIGNATURE (Registered Agent Accepting Appointment of A GENERAL PARTNER TI	fice or registered agent, or both, in the Stale of Florida Si ligations of section 620 192, Florida Statutes ent)_ HAT IS A CORPORATION, LIM JUST BE REGISTERED AND A	uch change was authorized by its general partner(s). I her DATI IITED PARTNERSHIP OR OTH ACTIVE WITH THIS OFFICE.	eby accept the appointment of registered	
11. Name(s) of General Partner(s)	Address of Each General Partn (Do NOT Use Post Office Box Num	er bers) 11b, Crty, State & Zip Code	11c. Registration/ Document Number	
PATEL, ASHOK M.D.	998 N.W. 9TH COURT	BOCA RATON FL 33486		
4		1)/		
Note: General partners MAY	NOT be changed on this form; a	n amendment must be filed to ch	nange 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 it same 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

Typed or Printed Name of General Partner Signing Form

Ashok Patel, M.D.

(561) 368-0235