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 #

98 DEC 30 PM 3: 12

CECRETARY OF STATE TALLAHASSEE, FLORIDA

	H9600000 23 10		_	- The state of the	
1030 International Speedwa	y Blvd. LTD.				
Mailing Address	Principal Office Address		3. Date Formed of Registered	5a. Capital Contributions as Shown on record.	
c/o Detlef G. Lehnardt 911 Main, Suite 2224 K.C. MO 64105			12/18/1996 3a. Date of Last Report 11/18/97	346,500.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 43–1765093	Applied For	
City & State	City & State			Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
	<u></u>		8. Make check payable to: Dept. of	f State (See reverse side for fee information)	
9. Name and Address of Current R	10. If changed, new Registered Agent/Office				
		Name			
CSC		Street Address (P.O. Box Number Is Not Acceptable)			
1201 Hayes St. Tallahassee, FL 32301	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·		City		Zip Code	
agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST					
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	150		11c. Registration/	
1030 International Speedway, LLC		1	C. MO 64105	M 9600000510	
				7448024 79901117022 26.25 ****526.25	
Note: General partners MAY NOT i	pe changed on this form	ı; an amendn	nent must be filed to cha	ange a general partner.	
2. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with St this annual report is true and accurate and that my signs empowered to execute this report as required by chapte 1050 Informational	ection 119.07(3)(k) in the event that the in ature shall have the same legal effects as or 620, Florida Statutes.	formation supplied is d if made under oath. I fo	eemed exempt from public access, I furth urther certify that I am a General Partner of Ground Purhuer	er certify that the information indicated on f the limited partnership, receiver or trustee	
SIGNATURE Sy Will	f G. Gelmard	T, Seco	etaryDATE	16-221-2440	
Typed or Printed Name of General Partner Signing Form	Detlef G. Lehnar	<u> </u>	Daytime Telephone Number8	10-221-2440	