## 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

1. Name of Limited Partnership

**DOCUMENT#** A96000002394

SECRETARY OF STATE DIVISION OF CORPORATIONS

97 DEC 22 AM 10: 57



SUITE 305 BOCA RATON FL 33431  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, the above-named limited partnersh for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNER THAT IS A CORPORATION, LIMITED PARTNER THAT IS A CORPORATION.	10. If changed, new Registero	5a. Capital Contributions as Shown on record. \$10,000,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable  \$8.75 Additional Fee Required  State (Soo reverse side for fee information of Agent/Office	
### BSSO GLADES ROAD. SUITE 305 ### BOCA RATON FL \$3431  2. Malling Address  2. Malling Address  2. Malling Address  2. Malling Address  Suite, Apt. #, etc.  City & State  City & State  Zip  Country  2. Name and Address of Current Registered Agent  ROY, WILLIAM  ### BSSO GLADES ROAD  SUITE 305  BOCA RATON FL 33431  City  1. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnersh for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PAMUST BE REGISTERED AND ACTIVE  11. Name(s) of General Partner(s)  12. Signature (to be post Office Box Numbers)	3. Date ormed or Registered  12/20/1996 3a. Date of Last Report 01/24/1997 4. State or Country of Formation FL 6. FEI Number 65-0728313 7. Certificate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registero	\$10,000,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee information)	
2. Mailing Address  2. Mailing Address  2. Mailing Address  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  2. City & State  2. City & State  2. City & State  2. Country  2. Description of Country  3. Name and Address of Current Registered Agent  2. Name  3. Name and Address of Current Registered Agent  2. Name  3. Name  4. Name  5. Street Address  5. Suite, Apt. #, etc.  5. Street Address  5. Suite, Apt. #, etc.  5. Street Address  5. Suite, Apt. #, etc.  6. Street Address  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Suite, Apt. #, etc.  6. Suite, Apt. #, etc.  6. Street Address  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Suite, Apt. #, etc.  6. Suite, Apt. #, etc.  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Suite, Apt. #, etc.  6. Street Address  6. Suite, Apt. #, etc.  6. Suite, Apt. #, etc.  6. Street Address  6. Suite, Apt. #, etc.  6. Suite	38. Date of Last Report 01/24/1997 4. State or Country of Formation FL 6. FEI Number 65-0728313 7. Certificate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registero P.O. Box Number is Not Acceptable)	\$10,000,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee information)	
2. Mailing Address  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. Suite, Apt. #, etc.  2. City & State  2. City & State  2. City & State  2. Country  2. To Country  3. Name and Address of Current Registered Agent  Name  8. Street Address  8. Suite, Apt. #, etc.  1. Suite, Apt. #, etc.  1. Country  1. Name(s) of General Partner(s)  2. Pursuant to the provisions of sections £20.1051 and £20.192, Florida Statutes, the above-named limited partners for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such changes agent. I am familiar with, and accept the obligations of section £20.192, Florida Statutes.  2. Mailing Address  3. Street Address  3. Suite, Apt. #, etc.  3. Street Address  4. City  5. Street Address  5. Suite, Apt. #, etc.  5. Suite, Apt. #, etc.  5. Street Address  5. Suite, Apt. #, etc.  6. Su	38. Date of Last Report 01/24/1997 4. State or Country of Formation FL 6. FEI Number 65-0728313 7. Certificate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registero P.O. Box Number is Not Acceptable)	5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee information)	
Suite, Apt. #, etc.  City & State  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Power and Address of Current Registered Agent  Namo Street Address Suite, Apt. #, etc.  Namo Street Address Suite, Apt. #, etc.  Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnersh for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNER THAT IS A CORPORATION ACTIVE  11. Name(s) of General Partner(s)	4. State or Country of Formation  FL 6. FEI Number 65-0728313 7. Certificate of Status Desired 8. Make check payable to: Dept. of  10. If changed, new Registero	to date:  Applied For Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee information	
Suite, Apt. #, etc.  City & State  City & State  Zip  Country  Zip  Country  Zip  Country  Power and Address of Current Registered Agent  Namo Street Address Suite, Apt. #, etc.  Namo Street Address Suite, Apt. #, etc.  Prescription of Street Address Suite, Apt. #, etc.  City  Namo Street Address Suite, Apt. #, etc.  City  10a, Pursuant to the provisions of sections 820.1051 and 620.192, Florida Statules, the above-named limited parlnersh for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PAMUST BE REGISTERED AND ACTIVE  MUST BE REGISTERED AND ACTIVE  11a. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	FL 6. FEI Number 65-0728313 7. Certificate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registero	to date:  Applied For Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee information	
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City & State  Zip Country  P. Name and Address of Current Registered Agent  ROY, WILLIAM  Street Address  Street Address  Suito, Apt #, etc  City  Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnersh for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNER THAT IS A CORPORATION, LIMITED PARTNER THAT IS A CORPORATION, LIMITED PARTNER THAT IS A CORPORATION ACTIVE  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)	6. FEI Number 65-0728313 7. Certificate of Status Desired 8. Make check payable to: Dept. of 10. If changed, new Registero	Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee informations)	
9. Name and Address of Current Registered Agent  807, WILLIAM  5550 GLADES ROAD  SUITE 305  BOCA RATON FL 33431  City  108. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statulos, the above-named limited partnersh for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PAMUST BE REGISTERED AND ACTIVE  MUST BE REGISTERED AND ACTIVE  11. Name(s) of General Partner(s)  11. Name(s) of General Partner(s)	7. Certificate of Status Desirod  8. Make check payable to: Dept. of  10. If changed, new Registero  P.O. Box Number is Not Acceptable)	Not Applicable  \$8.75 Additional Fee Required  State (See reverse side for fee informations)	
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ROY, WILLIAM  5550 GLADES ROAD  SUITE 305  BOCA RATON FL 33431  Toliy  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, the above-named limited partnersh for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change vagent, I am familier with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PAMUST BE REGISTERED AND ACTIVE  11. Name(s) of General Partner(s)  11a. Address of Each General Partner  (Do NOT Use Post Office Box Numbers)	· · · · · · · · · · · · · · · · · · ·		
Suite, Apt. #, etc.  BOCA RATON FL 33431  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statulos, the above-named limited partnersh for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNER THAT IS A CORPORATION, LIMITED PARTNER THAT IS A CORPORATION ACTIVE  11. Name(s) of General Partner(s)  11a. (Do NOT Use Post Office Box Numbers)	· · · · · · · · · · · · · · · · · · ·		
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(Do NOT Use Post Office Box Numbers)	ARTNERSHIP OR OTHE WITH THIS OFFICE.		
ROY BROTHERS, INC. 5550 GLADES ROAD, SUI	lb. City, State & Zip Code	11c. Registration/ Document Number	
	BOCA RATON FL 33431	F96000006701	
	400002: -01/06 *****5	9 <b>9 1 4 4 4</b> 5 79801082009 41.25 ****541.25	
Note: General partners MAY NOT be changed on this form; an amend	lment must be filed to cha	nge a general partner	
1 do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exer Corporations from any liability of non-compliance with Soction 119.07(3)(k) in the event that the information supplied it this annual report is true and accurate and that my signature shall have thograme legal effects as if made under oath, empowered to execute this report as regularly by chapter 620, Florida Starturs.		Statutes. I release the Division of or certify that the information indicated	
SIGNATURE X	s deemed exempt from public access. I further		