EILE 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

1a. DOCUMENT # A9700000251

UNISECRETARY OF STATE CORPORATIONS

99 FEB 15 PM 1:53

| | <u> </u> | <u> </u> | 4 | | |
|---|---|-------------------------------|---|--|-------------------------|
| X K FUNDING FAMILY LIMITED | D PARTNERSHIP | | | | |
| Mailing Address | Principal Office Address | · | 3. Date Formed or Registered | 5a. Capital Contributions Shown on record | as |
| P.0 60 x 328 | NO. BOX 328 | | 01/29/1997 | \$9,600.00 | |
| TARPON SPININGS TH. 34688 | TAPPON SPRINGS EL 34688 | | 3a. Date of Lest Report | \$9,000.00 | |
| | | | 01/16/1998 | 5b. Amount of Capital Contributions in FLOR | RIDA |
| 2. Malling Address | 28, Principal Office Address) | 11 11 0 00 | 4. State or Country of Formation | to date: | |
| 126 QUAIL HULLOW RUAD Sulto, Apl. #, etc. | 1496 QUAIL HO | ofton ROAD | FL | | |
| Build, Apt. #, etc. | Suite, Apt. #, etc. | | 6, FEI Number 59-3423248 | Applied F | |
| AUBURN DALE, FL. | ATTRIBURNOALE | | 7. Certificate of Status Desired | U Not Appl | |
| Zip 2 P 1 2 Country | ZD 2 C 2 2 | Country 1 | | \$8.75 Ad Fee Requ | uired |
| 33883 VSA | 33605 | _VVA | 8, Make check payable to Dept. of | State (See reverse side for fee | information |
| 9. Name and Address of Current Ro | egistered Agent | | 10. If changed, new Registere | d Agent/Office | |
| PABIANGO, JÄYNJE | | NameJAYN | JE LABIAN | lco | |
| 208 DRIFTWOOD DRIVE SOUTH | | Stroot Address (80 E | Bax Number is Not Acceptable) | ROAD | |
| PALM MARBOR FL 34683 | | Suite, Apt. #, etc. | ATTIE TI ARXA . A | /\ <u>-/10</u> | |
| , , , | | City AURUR | NDALE | FL ኇኇፘ | 23 |
| 10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regi egent. I am familiar with, and accept the obligations of | stered agent, or both, in the State of Flor | | | | |
| BIGNATURE (Registered Agent Accepting Appointment) | syne Labience | 0 | DATE | 2/8/99 | |
| A GENERAL PARTNER THAT'S MUST | S Å CORPORATION, BE REGISTERED AN | LIMITED PAR' | TNERSHIP OR OTHE TH THIS OFFICE. | R BUSINESS E | NTITY |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gener | Sox Numbers) 1119. | City, State & Zip Code | 11c. Registrat | |
| LADIANCO CHADIEC | 426 Quail Hollo P.O. BOX 328 | $\omega \mathcal{M} = \omega$ | ibundale, FL 33 | 123 | |
| LABIANCO, CHARLES | 426 QuailHoll | zwild. Au | RPON SPRINGS FL 346 Liburdall, PC 33 | 1823 | |
| LABIANCO, JAYNE | P.O. BOX 328 | TA | PON SPRINGS FL 346 | | |
| | | | 400002 | 778444- | |
| | | | nt -02/17 | 778444- 799010760 41.25 ****14 | 03 [—] 1.25 |
| | | | 2/15/99 | | |
| Note: General partners MAY NOT t | | _ | | | |

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 Pariner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

| SIGNATURE | COMMUNICAL TO A | Merico | |
|--------------------------|----------------------------|------------|---------|
| _ + | guzu xar | i / | , Q: |
| Typed or Printed Name of | of General Partner Signing | Form Jamel | appence |

Daytime Telephone Number 941-967-7622