

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

FILED

98 DEC 29 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000000649
GAINESVILLE ICEPLEX, LTD.	

Mailing Address 720 ROY WALL BLVD. 1984 HERITAGE ACRES BLVD., SUITE A ROCKLEDGE FL 32955	Principal Office Address 720 ROY WALL BLVD. 1984 HERITAGE ACRES BLVD., SUITE A ROCKLEDGE FL 32955	3. Date Formed or Registered 03/18/1997	5a. Capital Contributions as Shown on record. \$3,400,100.00
2. Mailing Address 720 ROY WALL BLVD Suite, Apt. #, etc.	2a. Principal Office Address 720 ROY WALL BLVD. Suite, Apt. #, etc.	3a. Date of Last Report 01/26/1998	5b. Amount of Capital Contributions in FLORIDA to date: LIMITED PARTNER - 0 GENERAL PARTNER - 1,000
City & State ROCKLEDGE FL	City & State ROCKLEDGE FL	4. State or Country of Formation FL	6. FEI Number 59-3436412
Zip 32955	Country USA	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 GAINESVILLE ICEPLEX MANAGEMENT CORP. 1384 HERITAGE ACRES BLVD., SUITE A ROCKLEDGE FL 32955	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) GAINESVILLE ICEPLEX MANAGEMENT CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1984 HERITAGE ACRES-B 720 ROY WALL BLVD	11b. City, State & Zip Code ROCKLEDGE FL 32955	11c. Registration/ Document Number P97000015342
800002741863--9 -01/14/99-01077-021 ****150.00 ****150.00			

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

CR2E003 (8/98)