



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 <b>DAYTONA ICEPLEX, LTD.</b>		1a. DOCUMENT # <b>A97000000650</b>			
Mailing Address <b>720 ROY WALL BLVD. 1384 HERITAGE ACRES BLVD., SUITE A ROCKLEDGE FL 32955</b>		Principal Office Address <b>720 ROY WALL BLVD. 1384 HERITAGE ACRES BLVD., SUITE A ROCKLEDGE FL 32955</b>		3. Date Formed or Registered <b>03/18/1997</b>	
2. Mailing Address <b>720 ROY WALL BLVD.</b>		2a. Principal Office Address <b>720 ROY WALL BLVD.</b>		3a. Date of Last Report <b>01/26/1998</b>	
City & State <b>ROCKLEDGE FL</b>		City & State <b>ROCKLEDGE FL</b>		4. State or Country of Formation <b>FL</b>	
Zip <b>32955</b>		Zip <b>32955</b>		5a. Capital Contributions as Shown on record. <b>\$3,400,100.00</b>	
Country <b>USA</b>		Country <b>USA</b>		5b. Amount of Capital Contributions in FLORIDA to date: <b>1,050,000</b>	
				6. FEI Number <b>59-3436414</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				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 <b>DAYTONA ICEPLEX MANAGEMENT CORP. 1384 HERITAGE ACRES BLVD., SUITE A ROCKLEDGE FL 32955</b>				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <b>4000002742844--6</b> Suite, Apt. #, etc. City <b>FL</b> Zip Code <b>01/14/99 01126-022</b>	
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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
DAYTONA ICEPLEX MANAGEMENT CORP.		1384 HERITAGE ACRES BLVD. 720 ROY WALL BLVD.		ROCKLEDGE FL 32955	
				11c. Registration/Document Number <b>P97000015354</b>	
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 _____ TERRY BAR-NAVER OF: DAYTONA ICEPLEX MANAGEMENT CORP. 12/27/98 Daytime Telephone Number (407) 636 3432					

CR2E003 (8/98)