## 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

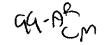
1. Name of Limited Partnership

**DOCUMENT#** A97000000808

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BIOMETR	IC ACCESS	i. LTD.



Mailing Address  2221 LEE ROAD. SUITE 22 WINTER PARK FL 32789  2. Mailing Address Suite, Apt. #, etc.  City & State	Principal Office Address  2221 LEE ROAD. SUITE 22 WINTER PARK FL 32789  2a. Principal Office Address  Suite, Apt. #, etc.  City & State		3. Date Formed or Registered 04/11/1997 38. Date of Last Report 11/03/1997 4. State or Country of Formation FL 6. FEI Number 59-3470076	\$270,000.00  \$270,000.00  5b. Amount of Capital Contributions in FLORIDA to date:  Applied For Not Applicable		
Zip Country	Zip Country		7. Certificate of Status Desired  8. Make check payable to: Dept. of 8	Slate (See reve	\$8.75 Additional Fee Required	
THOMAS, BRYAN M  2221 LEE ROAD, SUITE ##  WINTER PARK FL 32789  Suite, Apt. #, etc. Suite 22 City  FL  Zip Code  10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florids Statutes, the above-named limited partinership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its 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, and 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 Properties (Do NOT Use Post Office Box N	artner 446	City, State & Zip Code	11c.	Registration/ Document Number	
COMMERCE FINANCIAL CORPORAT	2221 LEE ROAD, SUITE		<b>9000026</b> 62 10/13/330 ****526, 25		***526.25 	
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), Fioride 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 CORPORATION, General Partner empowered to execute this report is required by chapter 620

SIGNATURE.

Thomas, President of GP om Bryan M.

Daytime Telephone Number 407/644-9319