

**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 NOV 12 PII 3: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000000888
SKF ENTERPRISES, LTD.	

Mailing Address 9999 COLLINS AVENUE, APT. 16-B BAL HARBOR FL 33154	Principal Office Address 9999 COLLINS AVENUE, APT. 16-B BAL HARBOR FL 33154	3. Date Formed or Registered 04/22/1997	5a. Capital Contributions as Shown on record. \$11,942,776.51
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 05/26/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	City & State	6. FEI Number 65-0750788	
Zip	Country	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		8. Make check payable to: Dept. of State (See reverse side for fee information)	
			\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent DANIELS, NICHOLAS M ESQ. SUNTRUST INTERNATIONAL CENTER ONE S.E. 3RD AVENUE, SUITE 2400 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
	100002691721--0 -11/19/98-01076-008 ***150.00 FL ***150.00

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 this 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) SHIRFLET, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9999 COLLINS AVENUE,	11b. City, State & Zip Code BAL HARBOR FL 33154	11c. Registration/Document Number P97000035910
		100002691721--0 -11/19/98-01076-007 ***376.25 ***376.25	
			NOV 16 1998

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 Shirley K. Fletcher, President DATE 10/13/98

Typed or Printed Name of General Partner Signing Form Shirley K Fletcher Daytime Telephone Number 305/861-8006

CR2E003 (8/98)