

FILE ON OR BEFORE FEBRUARY 31, 1997 OR PARTIAL SHIP WILL BE SUBJECT TO REVOCATION AND A PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

98 MAR -5 AM 11:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership 1319 OATS LIMITED PARTNERSHIP CM	1a. DOCUMENT # A97000001186
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2. Mailing Address c/o MARC SCHMIDT 2801 NW 23 Bldg #032 GAINESVILLE FL 32605	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 5/28/97	5a. Capital Contributions as Shown on record 7,500
3a. Date of Last Report 5/28/97	5b. Amount of Capital Contributions in FLORIDA to date: 30,000
4. State or Country of Formation FLORIDA	6. FEI Number 59-3449785 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input 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  
MARC SCHMIDT  
2801 NW 23 Bldg #032  
GAINESVILLE FL 32605

10. If changed, new Registered Agent  
Name: MARC SCHMIDT  
-03/05/98--01072--003  
\*\*\*456.25 \*\*\*298.75  
Street Address (P.O. Box Number is Not Acceptable):  
FL 32605  
Suite, Apt. #, etc.  
City: FL Zip Code

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	11c. Registration/Document Number
1319 OATS, INC.	c/o MARC SCHMIDT 2801 NW 23 Bldg #032	GAINESVILLE FL 32605	P97000047092

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: *Marc Schmidt*, PRESIDENT, 1319 OATS, INC. DATE: 10/31/97  
Typed or Printed Name of General Partner Signing Form: MARC SCHMIDT, PRESIDENT  
Daytime Telephone Number: 352-337-1362

CR2E003 (6/97)