


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 GUTENKUNST, LTD.		1a. DOCUMENT # A97000002143	
Mailing Address C/O MACLEAN AND EMA 2600 NE 14TH ST. CSWY. POMPANO BEACH FL 33062	Principal Office Address C/O MACLEAN AND EMA 2600 NE 14TH ST. CSWY. POMPANO BEACH FL 33062	3. Date Formed or Registered 10/03/1997	5a. Capital Contributions as Shown on record. \$400,000.00
2. Mailing Address		3a. Date of Last Report 11/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2a. Principal Office Address		4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 65-0785378	
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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9. Name and Address of Current Registered Agent MACLEAN, FREDERICK R C/O MACLEAN AND EMA 2600 NE 14TH ST. CSWY. POMPANO BEACH FL 33062		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 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
GUTENKUNST, ALICE	1009 CASABURINA	DELRAY BEACH FL 33483	700002752197--3 -01/22/99--01113--016 ****528.25 ****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), 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 Alice Gutenkunst DATE 12/28/98
Typed or Printed Name of General Partner Signing Form ALICE GUTENKUNST Daytime Telephone Number 774-645-0200

CR2E003 (8/98)