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

1a. DOCUMENT # A9700002186

FILED 98 SEP 18 PM 1: 20

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EE ROAD VENTURES I, L'								
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
5761 BIRD ROAD MIAMI FL 33155	5761 BIRD ROAD MIAMI FL 33155			10/09/1997 3a. Date of Lest Report 03/09/1998	\$3,000.00 5b. Amount of Capital Contributions in FLORIDA			
Mailing Address 2a. Principal Office Address				4. State or Country of Formation to date:				
Suite, Apt. #, etc.	Sulle, Ap1. #, etc.	Sulte, Apt. #, etc.			Applied For Not Applicable			
City & State	City & State	City & State			\$8.75 Additional			
Zip Country Zip		Country		Fee Required 8, Make check payable to: Dept. of State (See reverse side for fee information)				
9. Name and Address of C	urrent Registered Agent			10. If changed, new Registered	Agent/Office			
		Name						
Brandon, Stephen e 5761 Bird Road	Street Address (P.O. Box Number Is Not Acceptable)							
MIAMI FL 33155	Suite, Apt. #, etc.							
	City			FL Zip Code				
10a. Pursuant to the provisions of sections 620.10 for the purpose of changing its registered offi agent. I am familiar with, and accept the oblig	ce or registered agent, or both, in the State of Fi							
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH		LIMITED	PARTN	JERSHIP OR OTHE	R BUSI	NESS ENTITY		
М	<u>UST BE REGISTERED A</u>	ND ACTIV	VE WITH	THIS OFFICE.				
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	eret Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number		
EXANDON STRUCTURES, INC.	5761 BIRD ROAD	5761 BIRD ROAD		MIAMI FL 33155 900026 -09/22/9 ****141		626325 460494 801048002 1.25 ****141.25		
Note: General partners MAY N								

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 leability 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 ennual 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 present as 1600. Florida Statutes.

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Printed Name of General Partner Signing Form _____

Boundon Stouctures, Ing

Daytime Telephone Number____

107-898-6664