LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A97000002425

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1 JUNION 2020 1811) 1881) WELL WRITE BOIL BRICK BURN BOILT FIRST BIRLE ISON BIRL SERVI

ASSMANN (USA) VENTURES, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
C/O DON MORGAN 1500 ROYAL PALM SQUARE BLVD SUITE 101 FORT MYERS FL 33919-1058	C/O DON MORGAN 1500 ROYAL PALM SQUARE BLVD., SUITE 101 FORT MYERS FL 33919-1058		11/07/1997 3a. Date of Last Report 04/28/1998	#1,000.00  5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	# 416,500:00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number (5-0842 AP-PHED FOR	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country		Fee Required  State (See reverse side for fee information)
for the purpose of changing its registered office or registered agent, or both, in the State of Florid agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		Name CREG 5. TRUXTON, ESQUIRE  Street Address (P.D. Box Number Is Not Acceptable)  Sulta, Apt. #, etc.  City Corac Cobbes  FL Zip Code 3313Y  d limited partnership organized or registered under the laws of the State of Florida, submits this statement da. Such change was authorized by its general partner(s). I hereby accept the appointment of registered		
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 (Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number
ASSMANN FLORIDA INTERNATIONA	1500 ROYAL PALM SQUAR		FORT MYERS FL 33919-1	P97000093394
AR-437.50  ARIUPP- 8X75	7		3000027 -01/11/5 ***2276	362430 9-01045-024 6.25 ****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** 

Daytime Telephone Number (305) 567-0424