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

DOCUMENT# A97000002637

FILED 98 DEC 31 PM 4: 30 SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PARTNERSHIP	KMAN PARKE LIMITED						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
1412 WEST COLONIAL DRIVE. SUITE 200	1412 WEST COLONIAL DRIVE. SUITE 200 ORLANDO FL 32804		12/05/1997	\$1,000.00			
ORLANDO FL 32804			3a. Date of Last Report				
			01/09/1998	5b. Amount of Capital Contributions in FLORIDA			
2_Mailing Address	2a. Principal Office Address	5 ,	4. State or Country of Formation	to date:			
Suite Art. #. etc.		soul_	FL				
Sk 28	Suite Apt. #, etc.		6. FEI Number 59-3482409	Applied For			
City & State	City & State	Ω	7. Certificate of Status Desired	Not Applicable			
Zig 27 Ov. Country	Zig27766 Cour			\$8.75 Additional Fee Required			
33787 USA	30189	LASET	O. Make check payable to: Dept. of S	sate (See reverse side for fee information)			
9. Name and Address of Current Re		Istered Agent		10. If changed, new Registered Agent/Office			
LECCESE, SALVADOR	<u> </u>	Lecc	esc. Sclus	do-			
1412 WEST COLONIAL DRIVE, SUITE 200	Street Address (P.O. Box Number Is Not Acceptable)						
ORLANDO FL 32804	Sı	lite, Apt. #_etc.	200				
	Ci	(1)(n	Les Park	FI 207289			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited pertnership 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, a manning with, and accept the obligations of section 620.192, Florida Spatutes.							
SIGNATURE (Registered Agent Accepting Appointment)			DATE				
A GENERAL PARTNER THAT IS	BE REGISTERED AND A	CTIVE WIT	NERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY			
11. Name(s) of General Partner(s)	11a. Address of Each General Parts (Do NOT Use Post Office Box Nur	ner 11b.	City, State & Zip Code	11c. Registration/ Document Number			
GRKP, INC.	1412 WEST COLONIAL DR	ORI	LANDO FL 32804	P97000102251			
			200002° -01/15, ****1	7445822 /99-01108-016 50.00 ****150.00			
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 filten is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(30k). Florida Statutas. I release the Division of							
I do hereby certify that the information supplied with this in	illing is voluntarily furnished and does not qualif	v for the exemption s	stated in Section 119.07(3)(k). Florida St	atutes. 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 ered to execute this report as required by chapter 620. Floride Statutes.

Timed or Printed	Name of C	Conormi Dorte	nor Sianina	Earm

SIGNATURE