FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997, 1999	Secretar	FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR 12 AM 10: 47		
1. Name of Limited Partnership RPORTEGA FNUESTO 6-7		12642	70000: -03/1	2803 2/99	38472 01041004 ****423.75	
Mailing Address Principal Office Address 830 S. Third ST #206 TACKSONULLE BULL FL 32250			3. Date Formed or Registered 3a. Date of Last Report	5a. Capital Contributions as Shown on record		
2. Mailing Address	2a. Principal Office Address			5b. Amount of Capital Contributions in FLOR:DA to date		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc	Surte, Apt #, etc City & State		6. FEI Number Applied For Not Applicable		
Zip Country		Zip Country		ū	\$8.75 Additional Fec Required	
			8. Make check payable to Dept. of	State (See reve	erse side for fee information)	
for the purpose of changing its registered office or registered agent, or both, in the State of Flor		Sirect Address (P.O. Box Number Is Not Acceptable) Suite. Apt. #, etc. City				
agent I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER THA	0 <u> </u>	IMITED PAR' D ACTIVE WI	DATE TNERSHIP OR OTHER TH THIS OFFICE.	R BUSIN	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office B	ai Partner ox Numbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
RPSports of Entail Management, Inc Unwendownt filed 3 R.P. Investors, Ct	1, 430 5 31 d 57 1. #206 31299 51. Same addi	P	OKSONIACE Beh		343.15 D-3-12	
Note: General partners MAY N	OT be changed on this form	n; an amendme	ent must be filed to cha	nge a ge	eneral partner.	
12. I do hereby certify that the information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and <u>liter</u> or empowered to execute this report as required by	with Section 119 07(3)(k) in the event that the in ny signature shall have the same legal effects as	iformation supplied is dee	med exempt from public access. I furthe her certify that I am a General Partner of	r cerlify that the the limited part	e information indicated on nership, receiver or trustee	
SIGNATURE I		Δ · ·	DATE .	3/12/	89	
Typed or Printed Name of General Partner Signing Form	TIMOTHY U	1+ UZLS.	Daylinio Yelephone Number _ 90	14 24	18060	