
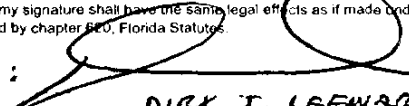


FILE ON QR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership FORTRESS PARTNERS I, LTD.		1a. DOCUMENT # A97000002951	
Mailing Address 7801 S.E. 58TH AVENUE OCALA FL 34480		Principal Office Address 7801 S.E. 58TH AVENUE OCALA FL 34480	
2. Mailing Address P.O. Box 1476		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State OCALA FL		City & State	
Zip 34478 Country		Zip Country	
3. Date Formed or Registered 12/31/1997		5a. Capital Contributions as Shown on record \$61,000.00	
3a. Date of Last Report 03/19/1998		5b. Amount of Capital Contributions in FLORIDA to date 93,100.00	
4. State or Country of Formation FL		6. FEI Number 59-3485275 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information) FF \$526.25	
9. Name and Address of Current Registered Agent LEEWARD, DIRK J 7801 S.E. 58TH AVENUE OCALA FL 34480		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 34478	
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) LIBERATOR CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7801 S.E. 58TH AVENUE	11b. City, State & Zip Code OCALA FL 34480	11c. Registration/Document Number P97000109109
4000002779634--1 -02/18/99--01080--003 ****526.25 ****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 BY:  Typed or Printed Name of General Partner Signing Form DIRK J. LEEWARD AS PRESIDENT OF LIBERATOR CORP.		DATE 2/11/99 Daytime Telephone Number 352-245-7007	

CR2E003 (12/98)