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

DOCUMENT#

FILED 98 DEC 29 AM 10: 13

I. Name of Limited Partnership	A9800000099		SECRETARY OF STATE TALLAHASSEE, FLÖRIDA		
IRON HORSE STATION, LTD.					
Mailing Address	Principal Office Address	<u> </u>	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	7
1625 ROCKDALE LOOP HEATHROW FL 32746	1625 ROCKDALE LOOP HEATHROW FL 32746		01/12/1998 3a. Date of Last Report	\$5,000,000.00 5b. Amount of Capital	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number	Applied For	-
City & State	City & State		59/3487111	Not Applicable	1
Zip Country	Zíp Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required state (See reverse side for fee information)	
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office		
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. -01/14/9901126009 City ****535. FL Zip Code *****535. OD I limited partnership organized or registered under the laws of the State of Florida, submits this statement a. Such change was authorized by its general partner(s). I hereby accept the appointment of registered			
SIGNATURE (Registered Agent Accepting Appointment)			DATE_		
A GENERAL PARTNER THAT IS	A CORPORATION, L BE REGISTERED ANI	MITED PAR	TNERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner 44h	City, State & Zip Code	11c. Registration/ Document Number	1
IHS MANAGEMENT, INC.	1625 ROCKDALE LOOP		ATHROW FL 32746	P9800002061	CR2E003 (8/98)
``				73	CR2
Note: General partners MAY NOT be	e changed on this form	; an amendme	ent must be filed to cha	nge a general partner.	
12. I do hereby certify that the information supplied with this fill. Corporations from any liability of non-configures with Sectific annual report is true and accurate and that my signature empowered to execute this report by rightled by chapter 6	re shall have the same legal effects as if	ualify for the exemption mation supplied is deen made under oath. I furth	stated in Section 119,07(3)(k), Florida Sta ned exempt from public access. I further of er certify that I am a General Partner of th	atutes. I release the Division of certify that the information indicated on the limited partnership, receiver or trustee	
SIGNATURE	2		DATE_ <u>17</u>	122/98	
Typed or Printed Name of General Partner Signing Form	KAYMOND TOWARD		Daytime Telephone Number	·	