

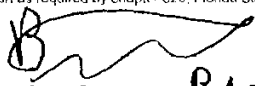


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		99 JAN -5 PM 3:18	
1. Name of Limited Partnership PLAN HOSPITALITY, LTD.		1a. DOCUMENT # A98000000138			
Mailing Address C/O EHUD BARKAI 638 LINDERO CANYON ROAD, SUITE 173 AGOURA CA 91301		Principal Office Address C/O EHUD BARKAI 638 LINDERO CANYON ROAD, SUITE 173 AGOURA CA 91301		3. Date Formed or Registered 01/13/1998 5a. Capital Contributions as Shown on record \$150,000.00	
2. Mailing Address Suite, Apt #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country		4. State or Country of Formation FL 6. FET Number 7. Certificate of Status Desired 8. Make Check payable to Dept. of State (See reverse side for information)	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code		5b. Amount of Capital Contributions in FL OF \$100,000 to date <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee for report	
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) PH PLANT CITY, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 638 LINDERO CANYON RO		11b. City, State & Zip Code AGOURA CA 91301	
				11c. Registration Document Number P98000004112	
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  Typed or Printed Name of General Partner Signing Form: Barkai Ehud		DATE: 12-24-91 Daytime Telephone Number: 818-991-3696			