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

LIMITED PARTNERSHIP ANNUAL REPORT





FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A98000000214

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JAN -8 AM 9: 22

& D NATARAJAN INVESTMENTS, LTD.				
ailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as	

Internal of Arranges		Philopal Office Address		0.	Shown on record.
7321 MIDNIGHT SARASOTA FL 3		7321 MIDNIGHT PASS ROAD SARASOTA FL 34242		01/22/1998 3a. Date of Last Report	\$2,500,000.00
2. Mailing Ad		2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, et	Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State		6. FEI Number Applied For Not Applicable		
Zip	Country	Zip	Country	7. Certificate of Status Desired 8. Make check payable to: Dent. of	\$8.75 Additional Fee Required State (See reverse side for fee information)
				3. Water a 100 K psychological section (1)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
ΝΑΤΑΡΑ ΙΑΙ	N PONNI ISWAMY		Name		
NATARAJAN, PONNUSWAMY 7321 MIDNIGHT PASS ROAD SARASOTA FL 34242		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			

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).

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE

MOO! DE MEDICIEIME MAINTE TITLE OF 1 TOEL						
11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number			
PED NATARAJAN, PONNUSWAMY 1 INC	7321 MIDNIGHT PASS RO	SARASOTA FL 34242	P98000007011			
ى م د		8000027 -01/12/9 *****52	38038—-7 99-01053-014 6.25 ****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, Fig. ida Statutes.

Typed or Printed Name of General Partner Signing Form

alex