

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -3 PH 1:01

1. Name of Limited Partnership	1a. DOCUMENT # A98000000685
MAYIA LIMITED PARTNERSHIP #1	



Mailing Address P.O. BOX 15028 TAMPA FL 33607	Principal Office Address 2305 WEST MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607	3. Date Formed or Registered 03/13/1998	5a. Capital Contributions as Shown on record \$1,050.00
		3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date 0
2. Mailing Address 2305 W. MLK BLVD	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc. #1	Suite, Apt. #, etc.	6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State TAMPA, FL	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip 33607	Country USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CHAUMONT, JORGE L 2305 WEST MARTIN LUTHER KING JR. BLVD. TAMPA FL 33607	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 except 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) CHAUMONT, JORGE L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2305 WEST MARTIN LUTH	11b. City, State & Zip Code TAMPA FL 33607	11c. Registration/ Document Number 7000002770767--1 -02/03/99--01132--010 ****141.25 ****141.25 2-4-99
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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

DATE

Typed or Printed Name of General Partner Signing Form

JORGE L. CHAUMONT

Daytime Telephone Number

813-877-8346

CR2E003 (8/98)