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

1. Name of Limited Partnership

DOCUMENT#

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SECRETARY OF STATE

	A9800000776			TALLAHASSEE FLORIDA			
NDEPENDENCE VENTURE, L	TD.						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
P.O. BOX 320342 TAMPA FL 33679	4427 WEST KENNEDY BLVD SUITE 125 TAMPA FL 33609		03/25/1998 3a. Date of Last Report	\$350,000.00			
				4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State	City & State	City & State		59 - 35 00 8 3 5 □ Not Applicable			
Zip Country	Zip	Zip Country		Certificate of Status Desired Make check payable to: Dept. of S	\$8.75 Additional Fee Required State (See reverse side for fee information)		
				O, mano sitos, populor o			
9. Name and Address of Current	Registered Agent	10. If changed, new Registered Agent/Office					
O'MALLEY, ANDREW M		Street Address (P.O. Box Number Is Not Acceptable)					
712 SOUTH OREGON AVENUE		Suite, Apt. #, etc.		500002744396-3 -01/15/9901099010 ****526.25 *****526.25 =			
TAMPA FL 33609							
for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	of section 620,192, Florida Statutes.	IMITED	PART	DATE_			
11. Name(s) of General Partner(s)	11a. Address of Each Genera	Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
INDEPENDENCE VENTURE, INC. 4427 WEST KENNEDY BI				PA FL 33609	P98000027778		
Note: General partners MAY NOT	be changed on this form	ı: an am	endme	nt must be filed to cha	nge a ge	eneral partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-pompliance with this annual report is true and accurate and that my stay empowered to execute this report as required by chapter	is filing is voluntarily furnished and does not Section 119.07(3)(k) in the event that the inf ature shall have the same legal effects as it	qualify for the	exemption s lied is deeme	tated in Section 119.07(3)(k), Florida Stated exempt from public access. I further of	itutes. I releas	e the Division of information indicated on	
SIGNATURE				DATE	2/22/0	v8	
Typed or Printed Name of General Partner Signing Form	mitton E. Hunt, Jr. Pr	esident	of	Daytime Telephone Number_813	-289-9	55(1	