FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # **A9800000988**

Typed or Printed Name of General Partner Signing Form

FILED 99 FEB 11 AM 11: 27

SECRETARY OF STATE

GRAND PLAZA GROUP, LTD.			* 198-1811 (9)15 (9)(11 (801) 881)1 2011) 981)1 (83)11 38115 18115 18115 18115 18115		
Melling Address Principal Office Address 6885 HAYTER DRIVE 6885 HAYTER DRIVE LAKELAND FL 33813 LAKELAND FL 33813			3. Date Formed or Registered 04/22/1998 3a. Date of Lest Report	5a. Capital Contributions as Shown on record.	
_			4. State or Country of Formation	5b. Amount of Capital Contributions In FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL	\$990.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zip C	Zip Country		8. Make check payable to Dept of State (See reverse side for fee information	
Q Name and Address of Cu	bront Pagistand Agent		10. If changed, new Registered	Agent/Office	
9. Name and Address of Current Registered Agent		Name			
HERMAN, THOMAS R 6885 HAYTER DRIVE LAKELAND FL 33813		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.			
		-02/17/99 FI 01864m-021			
A GENERAL PARTNER TH		IMITED P	PARTNERSHIP OR OTHI WITH THIS OFFICE.	ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General P	artner Numbers) 1	1b. City, State & Zip Code	11c. Registration/ Document Number	
GRAND PLAZA GROUP, INC.	6885 HAYTER DRIVE		LAKELAND FL 33813	P98000036471	
			2-16 99		
Note: General partners MAY N	OT be changed on this form	; an amen	dment must be filed to ch	ange a general partner.	
	119.07(3)(k) in the event that the information suppli have the same legal effects as if made under oath.	ied is deemed exe	impt from public access. I further certify that the at I am a General Partner of the limited partner	e Information indicated on this annual repor ship, receiver or trustee empowered to	
SIGNATURE	home Klerman	7	PRES. DATE	/2/31/98 (941)686-5720	
Typed or Printed Name of General Partner Signing Forn	THOMAS R. W	BROUT,	Jave . Davtime Telephone Number	941)680 5720	