## 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 # A9800001300

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SECRETARY OF STATE

HARP HOLDINGS, LTD.			1 (SQ (CT) (CTC) (STCT) (Q(() CTC))	I COIN SONI DONI COID NIEC INN BON BON 10	
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record	
12908 U.S. HIGHWAY 19 NORTH	12808 U.S. HIGHWAY 19 NORTH HUDSON FL 34667		05/26/1998	\$25,000.00	
HUDSON FL 34667			3a. Date of Last Report	7	
			5/26/98 4. State or Country of Formation	5b. Amount of Capital Contributions in Ft ORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL	25,000.00	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		
City & State	City & State		59-3515625	Applied For Not Applicable	
	City & State		7. Certificate of Status Desired	mm \$8.75 Additional	
Zip Country	Zip Country		8. Make check payable to Dept. of	Fee Required  State (See reverse side for fee information	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
MAHONEY, EDWARD F 12808 U.S. HIGHWAY 19 NORTH		Name			
		Street Address (P.O. Box Number Is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·	
HUDSON FL 34667		Suite, Apt #, etc			
		City		FL Zip Code	
SIGNATURE (Registered Agent Accepting Appointm  A GENERAL PARTNER T	HAT IS A CORPORATIO				
11. Name(s) of General Partner(s)	MUST BE REGISTERED  11a. Address of Each Ge 200 NOT Use Post Office		11b. City, State & Zip Code	11c. Registration/	
		}		798,000 46076	
HARP HOLDINGS, INC.	12808 U.S. HIGHWAY 19		HUDSON FL 34667		
			976700 -08/	2:5:0:044:95 1079901039007 1263.75 ****263.75	
t.			42 ,99		
Note: General partners MAY	NOT be changed on this f	orm; an am	٦ endment must be filed to ch	ange a general partner.	
	on 119.07(3)(k) in the event that the information all have the same legal effects as if made unde	n supplied is deemed	exempt from public access. I further certify that they that I am a General Partner of the limited partner.	ne information indicated on this annual rep irship, receiver or trustee empowered to	
SIGNATURE 44	XX.	T	DATE	2/25/99	
Typed or Printed Name of General Partner Signing Fr	om COWMO E. MA	40069	Daytime Telephone Number (3	52) 544 4121	