


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 A TAVOLA FLORIDA LIMITED PARTNERSHIP		1a. DOCUMENT # A98000001404	
Mailing Address C/O BONNIE TAYLOR 1059 6TH LANE NORTH NAPLES FL 34102		Principal Office Address C/O BONNIE TAYLOR 1059 6TH LANE NORTH NAPLES FL 34102	
2. Mailing Address 4584 Enterprise Avenue Suite 4 Naples Florida 34104 USA		2a. Principal Office Address 4584 Enterprise Avenue Suite 4 Naples Florida 34104 USA	
3. Date Formed or Registered 06/05/1998		3a. Date of Last Report 06/05/1998	
4. State or Country of Formation FL		5a. Capital Contributions Shown on record 102,938	
6. FEI Number 593514660		5b. Amount of Capital Contributions in FLORIDA to date 102,938.-	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent TAYLOR, BONNIE 1059 6TH LANE NORTH NAPLES FL 34102		10. If changed, new Registered Agent/Office 000002854130--8 -04/27/99--01036--001 ****553.81 ****526.25 FL	
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) _____ 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) A TAVOLA INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1059 6TH LANE NORTH	11b. City, State & Zip Code NAPLES FL 34102	11c. Registration/ Document Number P98000050499
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 Bonnie G. Taylor Typed or Printed Name of General Partner Signing Form BONNIE G. TAYLOR		DATE March 30, 1999 Daytime Telephone Number (411) 261-5669	

CR2E003 (12/98)