FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

^{1a.} DOCUMENT # A98000001410

FILED

98 OCT 16 PM 1: 50

| | A98000001410 | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | | |
|---|---|-------------------|---|---|--|---|----------------------|
| SPARKS PARTNERSHIP, LTD. | | | | SILE BRIST BOIL | 86181 (FELL 81881 11811 BE | | |
| Mailing Address | Principal Office Address | | | 3. Date Formed or Registered | 5a. Capi | tal Contributions as vn on record. | |
| 2580 SOUTH OCEAN BLVD #2A2 PALM BEACH FL 33490 | 2580 SOUTH OCEAN BLVD #2A2 PALM BEACH FL 33480 | | | 06/08/1998 3a. Date of Last Report | 06/08/1998 Fa. Date of Last Report \$7,200,000.00 | | |
| | | | i | 4. State or Country of Formation 5b. Amount of Capital Contributions in FLORIDA to date: | | | |
| 2. Mailing Address | 2a. Principal Office Address | | | FL | - | | 0 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 6, FEI Number | - | Applied For | $\stackrel{\sim}{-}$ |
| City & State | City & State | | | 65-08 94039 | | | |
| Zip Country | Zip Country | | | 7. Certificate of Status Desired \$8.75 Additional Fee Required | | | |
| | | | | 8. Make check payable to: Dept. of S | tate (See rev | arse side for fee informa | ition) |
| 9. Name and Address of Current Registered Agent | | | 10. If changed, πew Registered Agent/Office | | | | |
| SPARKS, HAROLD N 2580 SOUTH OCEAN BLVD., #2A2 PALM BEACH FL 33480 | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | | Suite, Apt. #, etc. | | | | |
| | City Zip Code | | | | | | |
| 10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regi agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS | stered agent, or both, in the State of Florid section 620.192, Florida Statutes. Accurd M S A CORPORATION, L | da. Such change | was autho | rized by its general partner(s). I hereby DATE_ NERSHIP OR OTHE | accept the a | pointment of registered | di |
| 11, Name(s) of General Partner(s) | Address of Each General | Partner | <u>E WIT</u> 11b. | | 11c. | Registration/ | |
| 11. Hamely State and Carolina | (Do NOT Use Post Office Bo | x Numbers) | TID. | City, State & Zip Code | IIG. | Document Number | \dashv_{ϵ} |
| SPARKS, HAROLD N | 2580 SOUTH OCEAN BLVD | | PALI | PALM BEACH FL 33480 | | | (8/8) |
| SPARKS, REBECCA ANN | 2115 SOUTH MARIAH | | DEN | VER CO 80210 | | | CR2E003 (8/98 |
| | | | | 3000026 -10/23, ****52 | 5701 7980 76.25 | 5435 1883086 ****526.25 | 3 |
| | | | | dec | | | |
| 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 to Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signat empowered to execute this report as required by chapter | ction 119.07(3)(k) in the event that the info ure shall have the same legal effects as if | ormation supplies | d is deeme | d exempt from public access. I further of certify that I am a General Partner of th | ertify that the e limited part. | Information indicated on nership, receiver or trus | n itee |
| SIGNATURE The M | 1/ Also. | | | DATE O | 200 | 7 98 | _ |

HAROLD SPARKS

Daytime Telephone Number