## 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 #** 

FILED 99 FEB 26 AM 10: 21



ORIENTAL EXPRESS OF	MENTAL EXPRESS OF PENSACOLA, LTD.			
Mailing Address 2115 W. NINE MILE ROAD PENSACOLA FL 32534	Principal Office Address 2115 W. NINE MILE ROAD PENSACOLA FL 32534		3. Date Formed or Registered 07/17/1998 3a. Date of Last Report	\$5a. Capital Contributions as Shown on record \$50,000.00  5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	50,000 00
Sulte, Apt. #, etc.  City & State  Zip Country	Suite, Apt #, etc.  City & State  Zip Co	City & State		Applied For Not Applicable  \$8.75 Additional Fee Required
Q Name and Atidress	of Current Registered Agent		Make check payable to Dept of  10. If changed, new Registered	State (See reverse side for fee information)  Agent/Office
for the purpose of changing its registered office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligations of section 620 192, Florida Statutes.		Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  named limited partnership organized or registered under the laws of the State of Florida, submits this statement If Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.		
A GENERAL PARTNER	THAT IS A CORPORATION, LII MUST BE REGISTERED AND	MITED PAR	RTNERSHIP OR OTHI	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each General Part (Do NOT Use Post Office Box Nu	tner imbers) 11b.	City, State & Zip Code	11c. Registration/ pocument Number 7:35-2-2-3
ngo, van nga ngo, phoebe x	712 VALLEY GRANDE RD 712 VALLEY GRANDE RD	ſ	PENSACOLA FL 325[ <del>3</del> ]/[4 PENSACOLA FL 32514	/9301039020 47.85 ****447.85
ay Or	Y NOT be changed on this form;			5c 3-191

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 tegal 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** 

XMAN NGO Daytime Telephone Number

DATE 2-23-99