

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT #
A98000001735

L C MOTORS LTD.

Mailing Address 120 STEEPLE CHASE CIRCLE STANFORD FL 32771	Principal Office Address 2930 OLD WINTER GARDEN ROAD ORLANDO FL 32805	3. Date Formed or Registered 07/15/1998	5a. Capital Contributions as Shown on record. \$8,000.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip	2a. Principal Office Address Suite, Apt. #, etc. City & State Country	3a. Date of Last Report FL	5b. Amount of Capital Contributions in FLORIDA to date: \$8.75 Additional Fee Required
		6. FEI Number 59-352 413	6. FEI Number Applied For Not Applicable
		7. Certificate of Status Desired □	7. Certificate of Status Desired \$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

RAUD, LILIANNE
120 STEEPLE CHASE CIRCLE
SANDFORD FL 32771

10. If changed, new Registered Agent/Office

Name RAUD, LILIANNE
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc. 120 STEEPLE CHASE CIR
City SANDFORD FL 32771
Zip Code 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) RAUD, HENRY RAUD, LILIANNE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 120 STEEPLE CHASE CIR 120 STEEPLE CHASE CIR	11b. City, State & Zip Code SANFORD FL 32771 SANFORD FL 32771	11c. Registration/ Document Number 600002748526--1 -01/20/99-01103-005 ****144.75 ****144.75
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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

DATE 12/27/98

Typed or Printed Name of General Partner Signing Form HENRY RAUD

Daytime Telephone Number 402 290 8184

CR2E003 (8/98)