| LIMITED PARTNERSHIP | • |
|---------------------|---|
| ANNUAL REPORT | |



FLORIDA DEPARTMENT OF STATE

Sandre S. Morthem

Secretary of State
DIVISION OF CORPORATIONS

| 1. | Name | Q) | Lunited | Partnurship |
|----|------|----|---------|-------------|
| •• | | | | |

SIGNATURE _

Typod or Printed Name of General Partner Signing Form

1a.

DOCUMENT #

A98000002053

BAJI WINDS TRADING LIMITED PARTNERSHIP

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| | TAKY OF STATE |
| DIVISION | CP CORPORATIONS |

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Deytime Telephone Number (941) 747-7747

| Maring Address | Principal Office Address | | 3, Date Formed or Registered | 58. Capital Contributions as Shown on record | | | |
|---|---|---------------------|---|--|--|--|--|
| | | | SEPTEMBER 2, 1998 38. Date of Last Report | \$1,000.00 | | | |
| | | | N/A | 5b. Amount of Capital Contributions in FLORIDA | | | |
| 2. Mailing Address 4900 MANATEE AVENUE WEST | 2a. Principal Office Address 4900 MANATEE AVEN | NUE WEST | 4. State or Country of Formation FLORIDA | \$1,000.00 | | | |
| Suite, Apt. #, etc. SUITE 201 | Suite, Apt. #, etc. SUITE 201 | | 6, FEI Number | Applied For Not Applicable | | | |
| City & State BRADENTON, FL | City & State BRADENTON, FL | | 7. Certificate of Status Desired | \$8.75 Additional | | | |
| Zip Country 34209 USA | Zip 34209 | Country USA | 8. Make check payable to: Dept. of 5 | Fee Required State (See reverse side for fee information) | | | |
| 9. Name and Address of Current R | | T | 10. If changed, new Registered | Anantifolisa | | | |
| 9, Name and Address of Current of | edermieh videus | Name | 10. It changed, new registered | Agentonios | | | |
| MURRY J. EVANS 4900 MANATEE AVENUE WEST | | Street Address (F | O. Box Number Is Not Acceptable) | | | | |
| SUITE 201 | | Suite, Apt. #, etc. | | | | | |
| BRADENTON, FL 34209 | | | | | | | |
| | <u> </u> | City | | FL FL | | | |
| 10a. Pursuant to the provisions of sections 620 1051 and 6 for the purpose of changing its registered office or reg | | | | | | | |
| agent, I am familiar with, and accept the obligations of | section 620.192, Florida Statutes. | - | | -//- | | | |
| SIGNATURE (Registered Agent Accepting Appointment) | My Ca | | DATE . | 9/28/98 | | | |
| A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY | | | | | | | |
| | BE REGISTERED AN | U Partner | · · · · · · · · · · · · · · · · · · · | Registration/ | | | |
| 11, Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office S | ox Numbers) 11 | D. City, State & Zip Code | 11C. Document Number | | | |
| MJE FAMILY CORPORATION | 4900 MANATEE AVENU | JE WEST B | RADENTON, FL 34209 | P94000090718 | | | |
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| Note: General partners MAY NOT | be changed on this form | n; an amend | lment must be filed to cha | nge a general partner. | | | |
| 12. I do heraby certify that the information supplied with this filling 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 | | | | | | | |
| Corporations from any labelity of non-compliance with Section 119 07(3)(K) in the event that it enforms on supplied is desired exempt from public access. I surper delay that make the same legal effects as if made under cethly that I am a General Partner of the finited persentable, receiver or trustee empowered to axecute the report as required by chapter (50). Total statement. | | | | | | | |
| empowered to execuse this report as required by chapti | OCU, PIONIDA STANCIOS. | | | / / | | | |