


**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		FILED 99 FEB 11 AM 11:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership VILAS INVESTMENT Services Limited Partnership		1a. DOCUMENT # A98000002071			
Mailing Address 724 SPINNERS REACH DRIVE Ponte Vedra, FL 32082		Principal Office Address 724 SPINNERS REACH DRIVE Ponte Vedra, FL 32082		3. Date Formed or Registered 9-4-1998	
2. Mailing Address SAME		2a. Principal Office Address SAME		3a. Date of Last Report -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation Florida	
City & State		City & State		5a. Capital Contributions as Shown on record 5,000.00	
Zip		Country		5b. Amount of Capital Contributions in FLORIDA to date 5,000.00	
FEI Number 59-3525015		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable			
7. Certificate of Status Desired DNA		<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 FLORIDA TRUST SERVICES		10. If changed, new Registered Agent/Office	
Name Everett H. Bondurant		Street Address (P.O. Box Number Is Not Acceptable) San Jose Place	
Suite, Apt. #, etc. #17		City Jacksonville	
State FL		Zip Code 32257	

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) Everett H. Bondurant DATE 1-28-99

**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) IRINA D. LIVSCHUTZ		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 724 SPINNERS REACH DR		11b. City, State & Zip Code Jacksonville FL 32082		11c. Registration/Document Number A98000002071	
Signature 		Date 1-28-99		Daytime Telephone Number (904) 868-0447		Registration/Document Number 4000002778230--9 -02/17/89--01061--014 ****141.25 ****141.25	

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

Typed or Printed Name of General Partner Signing Form

IRINA D. LIVSCHUTZ

Daytime Telephone Number

DATE 1-28-99

(904) 868-0447

CR2E003 (8/98)