

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

FILED

99 MAR -4 PH 3: 36

SECRETARY OF STATE



1. Name of Limited Partnership  <b>RICHH LIMITED PARTNERSHIP</b>	1a. DOCUMENT # <b>A98000002178</b>
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Mailing Address <b>15607 COCHESTER ROAD TAMPA FL 33647</b>	Principal Office Address <b>15607 COCHESTER ROAD TAMPA FL 33647</b>
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered <b>09/16/1998</b>	5a. Capital Contributions as Shown on record <b>\$10,000,000.00</b>
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation <b>FL</b>	6. FEI Number <b>59-3539096</b> <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <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 <b>HORNSTROM, RICHARD N 15607 COCHESTER ROAD TAMPA FL 33647</b>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Numbers Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
<b>RICHH, INC.</b>	<b>15607 COCHESTER ROAD</b>	<b>TAMPA FL 33647</b>	<b>P98000053101</b>

*sc*  
*3-10-99*

**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

*[Handwritten Signature]*

DATE

*3/10/99*

Typed or Printed Name of General Partner Signing Form

*Richard Hornstrom*

Daytime Telephone Number

*813 979 2179*

CR2E003 (1/2/98)