FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE | Katherine Harris

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SEGRETARY OF STATE	
-DIVISION OF CORPORATION	C
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annual report 1999	Secretary of State DIVISION OF CORPORATIONS		OLASION OF CO	99 APR -9 AMID: 59	
1. Name of Limited Partnership 1a. DOCUMENT # A9800002201			#		
MOGUL TRADING I, LTD.					
Ring Address Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Snown on record	
3954 Breezemont dr. Sarasota Fl. 34232	MONT DR. 'L 34232	09/18/1998 3a. Date of Last Report	\$10,000.00		
2. Mailing Address	2a. Principal O	Office Address	4. State or Country of Formation	5b. Amount of Capital Contributions in FLOR:DA to date	
			FL		
Suite, Apt. #, etc. City & State	Suite, Apt #, etc. City & State		6. FEI Number 59-3532301	Applied For Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired 8. Make think payable to Dept.	\$8.75 Additional Fee Required of State (See reverse side for fee information)	
9. Name and Address of G	Current Registered Agent	Name	10. If changed, new Registere	d Agent/Office	
3954 BREEZEMONT DR SARASOTA FL 34232		Street Address (P.O. Box Number Is Not Acceptable) Suite Apt. #, etc			
10a. Pursuant to the provisions of sections 620 1 for the purpose of changing its registered of agent. I am familiar with, and accept the obtains	ice or registered agent, or both,	, in the State of Florida Such char	ership organized or registered under the laws of t ige was authorized by its general partner(s). I her		
SIGNATURE (Registered Agent Accepting Appointme	ent)		DAT	E	
A GENERAL PARTNER TH	IAT IS A CORPO	RATION, LIMITED TERED AND ACTI	PARTNERSHIP OR OTH VE WITH THIS OFFICE.	IER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. (Do NOT	ess of Each General Partner Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
BURZENSKI, JAMES	3954 BREEZEMONT DR		SARASOTA FL 34232	JA	
ſ				Otyl	
Note: General partners MAY	NOT be changed	on this form; an am	endment must be filed to cl	nange a general partner.	
12. I do hereby certify that the information supplied from any liability of non-compliance with Section	with this filing is voluntarily furn in 119.07(3)(k) in the event that Il have the same legal effects a	ished and does not qualify for the e the information supplied is deemed	exemption stated in Section 119.07(3)(k), Florida of exempt from public access. I further certify that by that I am a General Partner of the limited partn	Statutes Trelease the Division of Corporations the infurmation indicated on this annual report enship, receiver or trustee empowered to	
SIGNATURE San	us Berg	ruk'	DATE 4	1/3/99	

Typed or Printed Name of GeberarPariner Signing Form JAMES BURZENSKI

Daytime Telephone Nunibe (941)366-3654