

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 APR -7 AM 11:24



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|---|--|--|--|
| 1. Name of Limited Partnership ASI PARTNERS, LTD. | | 1a. DOCUMENT # A98000002243 | |
| 2. Mailing Address 4600 WEST-CYPRESS STREET-SUITE 200 TAMPA FL 33607 | | 2a. Principal Office Address 4600 WEST-CYPRESS STREET-SUITE 200 TAMPA FL 33607 | |
| 3. Date Formed or Registered 09/28/1998 | | 5a. Capital Contributions as Shown on record \$200,000.00 | |
| 3a. Date of Last Report N/A | | 5b. Amount of Capital Contributions in FLORIDA to date \$75,000.00 | |
| 4. State or Country of Formation FL | | 6. FEI Number Applied for <input checked="" type="checkbox"/> Applied For <input 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 GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA FL 33602 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | |

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) AGENCY SOLUTIONS OF FLORIDA, | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4600-WEST-CYPRESS STR 1410 N. Westshore Blvd. Suite 600 | 11b. City, State & Zip Code TAMPA-FL-33607 Tampa, Florida 33607 | 11c. Registration/Document Number P97000028811 |
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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

[Signature]

DATE

4/2/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)