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 S Sandra B. Mortham Secretary of State DIVISION OF CORPORATION	SECRETAR DIVISION OF C	LED Y OF STATE ORPORATIONS	
1. Name of Limited Partnership	1a. DOCUMENT #	99 JAN -4	PH 1: 35	
Leech Investments, Ltd.				
		Q1/19		
Mailing Address	Principal Office Address	= 3. Date Formed or Registered	5a. Capital Contributions as	
23 Golf View Drive	23 Golf View Drive	10~8~98	Shown on record, 1,000,000	
Englewood, FL 34233	Englewood, FL 34233	3a. Date of Last Report	-,000,000	
-		N/A	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation Florida	1,000,000	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	6. FEI Number	- Applied For Not Applicable	
Only & State	City & State	7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip — Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
Name Name				
Robert W. Darnell 2033 Main Street, Suite 400		dress (P.O. Box Number Is-Not-Acceptable)	7481796	
Sarasota, FI. 34237		.#, etc	-01/20/33-01084-003-	
	City	*****	88.75 *****88.75	
FL				
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	
John L. Leech	23 Golf View Drive	Englewood, FL 34233		
M. Eleanor Leech	23 Golf View Drive	Englewood, FL 34233		
			7481796 /9901084004 37.50 ****437.50	
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 filling is voluntarily furnished and design of quality 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 63f Florida Statutes.				
SIGNATURE X DATE 12/27/98				
Typed or Printed Name of General Partner Sighing form John L. Leech Daytime Telephone Number (941) 474–1496				