


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | |  FLORIDA DEPARTMENT OF STATE Sandra E. Moftman Secretary of State DIVISION OF CORPORATIONS | | <p>FILED 99 FEB 18 AM 7:12 SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> | |
| 1. Name of Limited Partnership LTK Investors, LTD. | | 1a. DOCUMENT # A98000002338 | | | |
| Mailing Address 1290 North Palm Avenue Sarasota, FL 34236 | | Principal Office Address Same | | | |
| 2. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 3. Date Formed or Registered 10/9/98 3a. Date of Last Report n/a 4. State or Country of Formation Florida | |
| | | | | 5a. Capital Contributions as Shown on record 97,000.00 150,000.00 <i>PL</i> 5b. Amount of Capital Contributions in FLORIDA to date 75,000.00 | |
| | | | | 6. FEI Number 65-0868307 <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 Jerome S. Levin 1680 Fruitville Rd. # 102 Sarasota, FL 34236 | | 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) LTK, LLC | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1290 North Palm Ave Sarasota, FL 34236 | 11b. City, State & Zip Code Sarasota, FL 34236 | 11c. Registration/Document Number L98000002201 000002782526-15 02/25/99-01098-014 ****526.25 ****526.25 <i>2/19/99</i> |
|--|---|--|--|

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

DATE

Typed or Printed Name of General Partner Signing Form

Jerome S. Levin

Daytime Telephone Number

(941) 316-0111

CR25003 (8/98)