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

LIMITED PARTNERSHIF ANNUAL REPORT 1999					
	ted Parinership				



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT#** A 98000002388

98 NOV 30 AM 8: 58

11-30-98

,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				12/3		
Mailing Address 1155 Hillsboro Mile Suite #602	Principal Office Address 5	Ame	3. Date Formed or Registered 10-15-1998	5a. Capital Contributions as Snown on record.		
Hillsboro Beach, 71	. 33062-174	4	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA		
Mailing Address     2a. Principal Office Address			4. State or Country of Formation 3 lorida	Contributions in FLORIDA to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 65.0876341	Applied For Not Applicable		
City & State		Coura	7. Certificate of Status Desired	\$8.75 Additional Fee Required		
Zip Country	Zip /	Country	8. Make check payable to: Dept. of	State (See revorse side for fee information)		
O Name and Address of Current Be	gistered Agent	1	10, if changed, new \$legistered	Agent/Office		
9. Name and Address of Current Registered Agent PATRICIA Leibowitz. Suite			Name			
PATRICIA Leibouitz suite 1155 Hills boro Mile #602			Street Address (P.O. Box Number Is Not Acceptable)			
Il Ilchana Basala	71	Suite, Apt #, et	c.			
Hillsboro Beach	33062-1144	City		FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Flor	d limited partnersh rida. Such change	was authorized by its general partner(s). I here	e State of Florida, submits this statement by accept the appointment of registered		
SIGNATURE (Registered Agent Accepting Appointment)	A CORPORATION I	IMITED P	ARTNERSHIP OR OTHE	R BUSINESS ENTITY		
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 (Do NOT Use Post Office Bo	el Partner ox Numbers) 1	1b. City, State & Zip Code	11c. Registration/ Document Number		
Centergy, INC.	1155 Hillsboro M Suite #602		ullsbord Beach FLORIDA 33062-1744	P930000- 19352 (2)		
	=		~ *	/9801068029		
¥				1 25 ****141.25		
Note: General partners MAY NOT						
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with S this annual report is true and accurate and that my sign	ection 119.07(3)(k) in the event that the ii ature shall have the same legal effects as	ntormation supplied	a is deemed exempt from public access, i turt	ier censiv that the information indicated of		

Leibou

PRESIDENT