



**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 MAY -4 AM 10:26 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 1. Name of Limited Partnership TAMEAST TEQUESTA, LTD. | | 1a. DOCUMENT # A98000002436 | |  | | | |
| Mailing Address 213-01 99TH AVENUE QUEENS VILLAGE NY 11429 | | Principal Office Address 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON FL 33431 | | 3. Date Formed or Registered 10/22/1998 | | 5a. Capital Contributions as Shown on record \$980.00 | |
| | | | | 3a. Date of Last Report | | 5b. Amount of Capital Contributions in FLORIDA to date | |
| 2. Mailing Address | | 2a. Principal Office Address | | 4. State or Country of Formation FL | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 6. FEI Number 582433404 | | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable | |
| City & State | | City & State | | 7. Certificate of Status Desired | | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip Country | | Zip Country | | 8. Make check payable to Dept. of State (See reverse side for fee information) | | | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent HCRM CORP. 2200 CORPORATE BLVD., N.W., SUITE 401 BOCA RATON FL 33431 | | 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) TAMEAST, INC. | | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 213-01 99TH AVENUE | | 11b. City, State & Zip Code QUEENS VILLAGE NY 114 | | 11c. Registration/Document Number P98000088635 | |
| | | | | | | 100002866271--5 -05/07/99--01014--006 ****141.25 ****141.25 5.4.99 | |

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 4/6/99

Typed or Printed Name of General Partner Signing Form **Albert Pariccia** Daytime Telephone Number 418)740-9090

CR2E003 (12/98)