FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Katherine Harris

1999		Secretary of State DIVISION OF CORPORAT	ons on Mar	FILED	
1. Name of Limited Partnership	1a. A98	DOCUMENT #		99 MAR -4 PM 3: 36	
CONCORD INTERNATIONAL	PARTNERS	, LTD.)))	
Mailing Address 2537 BAYFRONT PARKWAY ORLANDO FL 32806	Principal Office Address 2537 BAYFRONT PARKWAY ORLANDO FL 32806		3. Dale Formed or Registered 12/04/1998 3a. Date of Last Report	5a. Capital Contributions as Shown on record \$500,000.00	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc. City & State	Suite, Apt. #, e	tc.	6. FEI Number APPLIED F	Applied For Not Applicable	
Zip Country	Zıp	Country	7, Certificate of Status Desired 8, Make check payable to: Dept of	\$8.75 Additional Fee Required of State (See reverse side for fee information)	
9. Name and Address of Currer	nt Registered Agent		10. If changed, new Registerer	d AgenVOffice	
		Street Addr Suite, Apt i City utes, the above-named limited partne h, in the State of Florida Such chan	re-named limited partnership organized or registered undor the laws of the State of Florida, submits this statement of Florida. Such change was authorized by its general partner(s), thereby accept the appointment of registered.		
A GENERAL PARTNER THAT					
11. Name(s) of General Partner(s)		ress of Each General Partner T Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
CONCORD INTERNATIONAL, INC.	2537 BAYFRONT PARKWAY		ORLANDO FL 32806	P98000052918	
Note: General partners MAY NO	T he changed	on this form: an am	andment must be filed to ch	nanna a nanaral martner	
12. I do hereby certify that the information supplied with the from any liability of non-compliance with Section 119 is true and accurate and that my signature shall have.	his filing is voluntarily fur .07(3)(k) in the event that	nished and does not qualify for the eat the information supplied is deemed	kemption stated in Section 119.07(3)(k), Florida S exempt from public access. I further certify that I	statutes. I release the Division of Corporations he 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, re execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (HPT)