

**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 STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 DEC 28 AM 8:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A98000002692	
DEBT CONTROL CENTER MASTER LIMITED PARTNERSHIP			
Mailing Address 1750 North Florida Mango Rd, Suite 301 West Palm Beach, FL 33409		Principal Office Address 1750 North Florida Mango Rd, Suite 301 West Palm Beach, FL 33409	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered 12/3/98		5a. Capital Contributions as Shown on record. \$100.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$100.00	
4. State or Country of Formation FL		6. FEI Number 65-0877819 <input type="checkbox"/> Applied For <input 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		10. If changed, new Registered Agent/Office	
Michael R. Karosas 1750 North Florida Mango Road Suite 301 West Palm Beach, FL 33409		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)	11a. Address of Each General Partner Do NOT Use Post Office Box Numbers	11b. City, State & Zip Code	11c. Registration/ Document Number
Debt Control Center, Inc.	1750 North Florida Mango Road, Suite 301	West Palm Beach, FL 33409 300002742953-6 -01/14/99-01131-021 ****141.25 ****141.25	S32651

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

Michael R. Karosas

DATE

12-23-98

Typed or Printed Name of General Partner Signing Form

Michael R. Karosas

Daytime Telephone Number

561-697-7333

CR2E003 (8/98)