


**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 29 AM 9:45 SECRETARY OF STATE TALLAHASSEE, FLORIDA
1. Name of Limited Partnership LANTANA VENTURE, LTD.		1a. DOCUMENT # A98000002803	
Mailing Address 75 Northeast 6th Avenue Suite 214 Delray Beach, FL 33483 USA		Principal Office Address 75 Northeast 6th Avenue Suite 214 Delray Beach, FL 33483 USA	
2. Mailing Address 75 Northeast 6th Avenue Suite 214 Delray Beach, FL 33483 USA		2a. Principal Office Address 75 Northeast 6th Avenue Suite 214 Delray Beach, FL 33483 USA	
3. Date Formed or Registered 12/21/98		5a. Capital Contributions as Shown on record. \$1,000	
3a. Date of Last Report n/a		5b. Amount of Capital Contributions in FLORIDA to date: \$1,000	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" 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 Jim Zengage 75 Northeast 6th Avenue Suite 214 Delray Beach, FL 33483	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) Retail Concepts, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 75 NE 6th Ave. #214	11b. City, State & Zip Code Delray Beach, FL 33483	11c. Registration/Document Number 97000073252
400002741824--S -01/14/98--01077-004 ****150.00 ****150.00			

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 Jim Zengage President
 Typed or Printed Name of General Partner Signing Form Jim Zengage, President

DATE 12/24/98

Daytime Telephone Number _____

CR2E003 (8/98)