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

1. Name of Limited Partnership

DOCUMENT # B93000000045

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IP	ENT, L.P., LIMITED PAR	TNERSH	1 100/197 10/10 10/100 1/11/1 83/	i Beril Beril Beril Beril Beril Beril 1851 Biber Bril II
Mailing Address 10670 NORTH CENTRAL EXPRESSWAY. SUITE 60	Principal Office Address 10670 NORTH CENTRAL EXPRESSWAY, SUITE 600		3. Date Formed or Registered 03/05/1993	5a. Capital Contributions as Shown on record
DALLAS TX 75231 DALLAS TX 75231		3a. Date of Last Report 11/25/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in £1 OR(DA to date	
2. Mailing Address	2a. Principal Office Address Sulte, Apt. #, etc.		DE	
Suite, Apt. #, etc.			6. FEI Number 75-2311348	Applied For Not Applicable
City & State	City & State	City & State		\$8.75 Additional
Zip Country	Z _i p C	Country	8. Make check payable to Dept. of	Fee Required State (See reverse side for the information
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Registered	Agent/Office
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc		
		City City		Zip Code
10a. Pursuant to the provisions of sections 620.1051 a for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation	registered agent, or both, in the State of Florida			
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUS	IS A CORPORATION, LE	MITED PAR	TNERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY
A GENERAL PARTNER THAT	T IS A CORPORATION, LIST BE REGISTERED AND 11a. Address of Each General Pa (Do NOT Use Post Office Box N	ACTIVE WI	TNERSHIP OR OTHE	ER BUSINESS ENTITY 11c. Registration/ Document Number
A GENERAL PARTNER THAT	ST BE REGISTERED AND	ACTIVE WI	TNERSHIP OR OTHE TH THIS OFFICE.	Registration/
A GENERAL PARTNER THAT MUS	ST BE REGISTERED AND 11a. Address of Each General Pa (Do NOT Use Post Office Box N	ACTIVE WI artner lumbers) 11b.	TNERSHIP OR OTHE TH THIS OFFICE. City, State & Zip Code	11c. Registration/ Document Number

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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Robert A. Weldman

DATE 2/25/99

Daylinic Telephone Number 214 672 44700