FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SIGNATURE.

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

98 DEC 11 AM 9: 57

1. Name of Limited Partnership		1a. DOCUMENT # B9400000131				3. 5,	7
STANFORD EQUITY LIMITED PARTNERSHIP				. 70 12 17			
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		7
1201 BRICKELL AVE., STE 210	1201 BRICKELL AVE., STE 210	1201 BRICKELL AVE STE 210 MIAMI FL 33131		04/06/1994 3a. Date of Last Report		\$980.00	
MIAMI FL 33131	MIAM1 FL 33131						
				12/09/1997	5b. Amou	int of Capital ibutions in FLORIDA	
Ž. Mailing Address	2a Principal Office Address	2a. Principal Office Address		4. State or Country of Formation		to date:	
Z. Walling Address				OH			
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. FEI Number	Applied For		7	
City & State	City & State			31-1376812	Not Applicable		_
Zip Country	7in	Zlp Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of S		\$8.75 Additional Fee Required State (See reverse side for fee information)	
Zip Country	Zip						
		-		10. If changed, new Registered	A mont/Office		7
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					\dashv
SCHOTTENSTEIN, JEFFREY	\dashv						
1201 BRICKELL AVE., STE 210	-						
MIAMI FL 33131							
		City		FL Zip Code			
10a. Pursuant to the provisions of sections 620.105' for the purpose of changing its registered office agent. I am familiar with, and accept the obligate	or registered agent, or both, in the State of Flo	ned limited partn orida. Such chan	ership organi ge was autho	zed or registered under the laws of the intzed by its general partner(s). I hereb	State of Florid accept the ap	a, submits this statement pointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)				DATE			_
A GENERAL PARTNER THA	<u>IST BE REGISTERED AN</u>	ND ACTIV	PART	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	Address of Each Gene (Do NOT Use Post Office I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c.	Registration/ Document Number	
STANFORD EQUITY CORP.	1800 MOLER ROAD			COLUMBUS OH 43207		F94000001758	
				100002 -12/18 ****1	7 1 G: 7830 4 .25	3913 1088001 ****141.25	CR2E003 (8/98)
Note: General partners MAY NO							
 I do hereby certify that the information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and that m empowered to execute this report as required by 	with Section 119.07(3)(k) in the event that the i	information supp	illed is deeme	ed exempt from public access. I further	certify that the	information indicated on	neship