FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

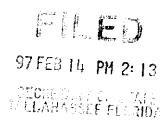
Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B9600000008

BULLDOG CAPITAL MANAGEMENT LIMITED PARTNERSHIP





| Mailing Address 301-8 TURNER STREET CLEARWATER FL 34618 | Principal Office Address -301-8-TURNER-STREET CLEARWATER FL 34616 | | | 3. Date Formed or Registered 01/04/1996 3a. Date of Last Report | 58. Capital Contributions as Shown on record. \$250,000.00 | | |
|--|---|---------------------|--|--|--|---|--|
| | | | | 7 | 5b. Amount of Capital Contributions in FLORIDA to date: | | |
| 2. Mailing Address 33 N Garden Ave. | 2a. Principal Office Address 33 N. W. W. W. L. | | | 4. State or Country of Formalion DE | 125,000 | | |
| Suite, Apt #, etc. 750 | Suite, Apt. #, etc. 750 | | | 6. FEI Number Applied For Not Applicable | | | |
| Clearwater, FL | City & State Clearwater, FC | | | 7. Certificate of Status Desired | · · · · · · · · · · · · · · · · · · · | | |
| Zip Country 34615 | Zip Country Country | | | 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 | | | | |
| POLLACK, RONALD J | | Name | | ** | | • | |
| 301-B-TURNER STREET 33 N. Marchaelle. | | | Street Address (P.O. Box Number Is Not Acceptable) | | | | |
| CLEARWATER FL 34618 Clearwater, FL 34615 | | Suite, Apt. #, etc. | | | | | |
| | | City FL Zip Code | | | | | |
| 10a. Pursuant to the provisions of sections 620.1051 and of for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) | gistered agent, or both, in the State of Flo of section 620.192, Florida Statutes. | rida. Such chan | ge was auth | orized by its general partner(s). I here | by accept the appointm | ent of registered | |
| A GENERAL PARTNER THAT I | S A CORPORATION, I BE REGISTERED AN | IMITED D ACTIV | PARTI E WIT | NERSHIP OR OTHE H THIS OFFICE. | R BUSINESS | ENTITY | |
| 11. Name(s) of General Partner(s) | 11a. (Do NOT Use Post Office B | | 11b. | City, State & Zip Code | | gistration/ nent Number | |
| BULLDOG CAPITAL MANAGEMENT, | 33 N GARDON AVE Juile 750 | | CLEARWATER FL 84616 | | V44270 | | |
| | | | 39615 | | | ======================================= | |
| • | 9 | | | 600002(-02/18/ ****57 | 090166 9701012- 6.25 **** | 5 0 -011 576.25 | |
| Note: General partners MAY NOT | be changed on this form | n; an ame | endmen | nt must be filed to cha | inge a genera | l partner. | |

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