## 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

1. Name of Limited Partnership

1a. DOCUMENT# B9700000132 FILED

98 DEC 29 PM 4: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

| BEACON VENTURE MANAGEMENT LIMITED PARTNERSHIP  |  |  | Р  |   |   |  |
|--|--|--|--|---|---|--|
| Mailing Address  | Principal Office Address                       |  |  | 3. Date Formed or Registered  | 5a. Capital Contributions as<br>Shown on record.              |  |
| 786 STERLING CHASE DR.<br>PORT ORANGE FL 32124   | 786 STERLING CHASE DR.<br>PORT ORANGE FL 32124 |  |  | 03/10/1997  3a. Date of Last Report   | \$0.00  |  |
|  |  |  |  | 10/07/1997  | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date: |  |
| 2. Mailing Address   | 2a. Principal Office Address                   |  |  | 4. State or Country of Formation DE   | to date.  |  |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.                            |  |  | 6, FEI Number   | Applied For   |  |
| City & State   | City & State                                   |  |  | 04-3111656  | Not Applicable  |  |
| Zip Country  | Zip Country                                    |  |  | 7. Certificate of Status Desired  | \$8.75 Additional Fee Required                                |  |
|  | <u> </u>                                       |  |  | 8. Make check payable to: Dept. of State (See reverse side for fee information) |   |  |
| 9 Name and Address of Current Re   | gistered Agent                                 | 1  |  | 10. If changed, new Registered  | Agent/Office  |  |
| C T CORPORATION SYSTEM  1200 SOUTH PINE ISLAND ROAD  PLANTATION FL 33324   |  | Name   |  |   |   |  |
|  |  | Street Address (P.O. Box Number Is Not Acceptable) |  |   |   |  |
|  |  | Suite, Apt. #, etc.                                |  |   |   |  |
|  |  | City   | FL Zip Code  |   |   |  |
| 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)  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 Genera                    |  | 11b.   | City, State & Zip Code  | 11c. Registration/  |  |
| BEACON VENTURE MANAGEMENT CO   | 1  |  | PORT ORANGE FL 32124 F97000001207  400027451042 -01/15/9901129004 *****141.25 ****141.25 |   |   |  |
|  |  |  |  | T.J.C   | ) JAN 1 4 1999  |  |
| 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 flability 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 DATE Spec. 98  |  |  |  |   |   |  |
| Typed or Printed Name of General Partner Signing Form  |  |  |  |   |   |  |