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

LIMITED PARTNERSHIF ANNUAL REPORT
1999
. Name of Limited Partnership
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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS FILED

	99 MAR 3	30 PH 2: 10				
1. Name of Limited Partnership	1a. DOCU B970000 0	MENT #	#	RY Un STATE SSEE, FLORIDA		
THEME WORLD, L.P.				THE REPORT OF THE PART OF THE		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record		
2800 S. RURAL ROAD	2800 S. RURAL ROAD	2800 S. RURAL ROAD TEMPE AZ 85282				
TEMPE AZ 85282	TEMPE AZ 85282			\$200.00		
				5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For		
City & State	City & State	City & State		Not Applicable		
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required		
			8, Make check payable to Dept	of State (See reverse side for fee information		
9. Name and Address of Cu	irrent Registered Agent		10. If changed, new Registe	ered Agent/Office		
DATILLIO, RALPH C		Name				
215 S. MONROE STREET, SUITE 400		Street Address (P.O. Box Number Is Not Acceptable)				
TALLAHASSEE FL 32301		Suite, Apt #, etc.				
		City		FL Zip Code		
SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH.	AT IS A CORPORATION	I, LIMITED	D PARTNERSHIP OR OTH VE WITH THIS OFFICE.			
11, Name(s) of General Partner(s)	11a. Address of Each Ge	neral Parlner e Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
THEME WORLD, INC. 2800 S. RUR)	TEMPE AZ 85282	P97000036994		
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Note: General partners/MAY No. 12. to hereby certify that the information supplied w			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
Corporations from any liability of non-compliance this annual report is true and accurate/and that m	with Section 119.07(3)(k) in the event that th	e information supp		her certify that the information indicated on		
Typed or Printed Name of General Partner Signing Form			Daytime Telephone Number	√ · · · · · · · · · ✓ · · · · · · · ·		
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