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 # B9700000309

FILED Mo/22

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SECRETARY OF STATE TALLAHASSEE FLORIDA

RICHMOND NORSTAR USA, L.P.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
17440 DALLAS PARKWAY, SUITE 110 DALLAS TX 75287	C/O WINSTEAD SECHREST & MINICK 1200 ELM STREET. 5400 RENAISSANCE TOWER DALLAS TX 75270		06/19/1997 3a. Date of Last Report 12/22/1997	\$990.00 5b. Amount of Capital Contributions in FLORIDA contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		75-2665750 7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip Country	Zip Country		Fee Required 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				
		Name		
HENDERSON, THOMAS N III HILL, WARD, & HENDERSON, BARNETT PLAZA		Street Address (P.O. Box Number Is Not Acceptable)		
100 E. KENNEDY BLVD., SUITE 3700		Suite, Apt #, etc.		
TAMPA FL 33602		City FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement 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) DATE				
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 General (Do NOT Use Post Office Box	Partner (Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
PLANO NORSTAR CORP.	17440 DALLAS PARKWAY, D		LAS TX 75287	F97000003131 (8/8)
			6000026 -10/28/9 ****14	751069 18-01093005 1.25 ****141.25
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 filling 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 execute this report as required by chapter 620 Florida Statutes. SIGNATURE				
Typed or Printed Name of General Partner Signing Form PLANO NORSTAR CORP Daytime Telephone Number (416) 788-0754				