## 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

SIGNATURE

Typed or Printed Name/or General Partner Signi

1a. DOCUMENT # B97000000496

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FILEL SECRETARY OF STATE DIVISION OF CORPORATIONS

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THE STOMAGE ACTRONITY - TE						
Mailing Address 1209 ORANGE ST. WILMINGTON DE 19801	Principal Office Address 1209 ORANGE ST. WILMINGTON DE 19801			3. Date Formed or Registered 09/23/1997 3a. Date of Last Report 03/25/1998	5a. Capital Contributions as Shown on record. \$1,600,000.00  5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation DE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 65-0781428		Applied For Not Applicable
City & State	City & State		-	7. Certificate of Status Desired		
Zip Country	Zip	Country		8. Make check payable to: Dept. of S		\$8.75 Additional Fee Required se side for fee information)
9. Name and Address of Current Registered Agent				10. If changed, new Registered Agent/Office		
for the purpose of changing its registered office or registered agent, or both, in the State of Flor 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, I		Street Address (P.O. 8ox Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip code  FL  Zip code  LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY				
11. Name(s) of General Partner(s)	BE REGISTERED AN	B	/E WIII 11b.	City, State & Zip Code	11c.	Registration/
RDL HOLDINGS II CORP.	11a. (Do NOT Use Post Office Box Numbers)  51 CAYUGA RD.		FT. LAUDERDALE FL 333  600026 -10/20/		F97000004976  F97000004976  GBSS26	
Note: General partners MAY NOT be		·· - · <u> </u>		t must be filed to cha	nge a ge	neral 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 empowered to execute 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 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 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 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 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 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 the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership.

Daytime Telephone Number