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 # B98000000054 FILED

98 DEC 18 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Mating Address Principal Clifica Address Principal Clifica Address C/O THE CORPORATION TRUST COMPANY 1230 ORANGE STREET. CORPORATION TRUST CON 1230 ORANGE STREET. CORPORATION TRUST CON 1230 ORANGE STREET. CORPORATION TRUST CON 1243/1998 3a. Date of Last Report 5b. Associat of Capital Sulfa, Age, #, etc. C. Mulling Address 2a. Principal Office Address DE 6. FIET Number C. F. Gallate Country Zip Country B. Make: check payoble for Days of State (See Tribudia) Sulfa, Age, #, etc. C. T. CORPORATION SYSTEM 100. Hothanged, new Registered Agent To water and Address of Current Registered Agent To water and Country Signey Address To Country Signey Address To Country Signey Address To Country A State C. T. CORPORATION SYSTEM 100. Hothanged, new Registered Agent Confice the formation of the State of Frictions Signey Address (PO. Dox Number is Not Acceptable) Signey Address (PO. Dox Number is Not Acceptable) Signey Address of Current Registered of the or registered of the State of Frictions Signey Agent Acceptable) Signey Address of Current Begistered of the or registered of the State of Frictions Signey Agent Acceptable) Signey Address of Current Begistered of the State of Frictions Signey Agent Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Acceptable (Po. Dox Number is Not Acceptable) Signey Agent Agent Acceptable (Po. Dox Number is Not Acce			<u> </u>			COMDA
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8, Make check payable to: Dopt, of State (See revenue side for fee Information 10. If changed, new Registered Agent/Office C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 10. If changed, new Registered Agent/Office Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 lews of the State of Florida, submits this statement for the purpose of changing its registered differ or registered spent, or both, in the State of Florida, Such change was authorized by its general partner(e). I hareby accept the appointment of registered agent. I have a complete the laws of the State of Florida, submits this statement for the purpose of changing Appointment of registered agent. I have a complete the laws of the State of Florida, submits this statement for the purpose of changing its registered difference of section 620,192, Florida Statutes. SiGNATURE (Registered Agent Accepting Appointment) DATE Address of General Partner(e) 11a. Name(e) of General Partner(e) 11a. Name(e) of General Partner(e) 11b. City, State & Zip Code 11c. Registration/ Document Number 11b. City, State & Zip Code 11c. Proposition of Document Number 11d. Name(e) of General Partner(e) 11d. Name(e) of						\$8.75 Additional
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Suito, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections \$20,1051 and \$20,192, Florida Statutes, the above-named limited partnership organized or registered under the tieve of the State of Florida, submits this statement for the purpose of changing lis registered office or engistered 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 \$20,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITED AND ACTIVE WITH THIS OFFICE. 11. Name(e) of General Partner(s) 11a. Address of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Registration/ Document Number FWM INVESTMENTS, INC. 222 LAKEVIEW AVENUE, SUITE 166-768 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner 12c. 1do hereby certify that the information supplied with this titing is voluntarily furnished and does not qualify for the exemption stated in Section 118.07(3)(6), Florida Statutes. Irelease the Division of	Zip Country	Zip	Country		8. Make check payable to: Dept. of S	<u></u>
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PLANTATION FL 33324 Suite, Apt. #, etc.			L	ss (P.O. Bo	x Number is Not Acceptable)	
10a. Pursuant to the provisions of sections 620,1051 and 620,192, Florida Statulos, 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, and accept the obligations of section 620,192, Florida Statulos. SIGNATURE (Registered Agent Accepting Appointment) DATE A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTIT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) FWM INVESTMENTS, INC. 222 LAKEVIEW AVENUE, SUITE 166-768 Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner 12. Ido hereby certify that the information supplied with this filting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of			Suite, Apt. #,	, etc.		
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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 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.

er Signing Form _____FRG

W. M. Canta REDERICK W. Mc CARTHY DATE 12-16-98

Daytime Telephone Numb