

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 FEB -1 PM 4: 22

1. Name of Limited Partnership R.E.S. PARTNERS, L.P.	1a. DOCUMENT # B98000000183
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Mailing Address C/O HARBOURTON ENTERPRISES 33 WITHERSPOON STREET, 3RD FLOOR PRINCETON NJ 08542	Principal Office Address C/O HARBOURTON ENTERPRISES 33 WITHERSPOON STREET, 3RD FLOOR PRINCETON NJ 08542	3. Date Formed or Registered 03/27/1998	5a. Capital Contributions as Shown on record \$3,848,000.00
2. Mailing Address 276 1/2 North Main St.	2a. Principal Office Address 276 1/2 North Main St.	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc. Suite 1	Suite, Apt. #, etc. Suite 1	4. State or Country of Formation DE	
City & State Pennington NJ	City & State Pennington NJ	6. FEI Number 22-3570566	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 08534	Country USA	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for fee information) 437.50

9. Name and Address of Current Registered Agent HAINES, TIM D 125 NE FIRST AVENUE, SUITE 1 OCALA FL 34470	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) R.E.S. GENERAL, L.P.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 33 WITHERSPOON STREET 276 1/2 N. Main St, Suite 1	11b. City, State & Zip Code PRINCETON NJ 08542 Pennington NJ 08534	11c. Registration/Document Number B98000000182
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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 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 520, Florida Statutes.

SIGNATURE Ernest Theurer DATE 12/30/98

Typed or Printed Name of General Partner Signing Form Ernest Theurer Daytime Telephone Number 609-818-1370

CR2E003 (8/98)