

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
98 DEC 23 PM 4:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership MELNICK VENTURE PARTNERS I L.P.		1a. DOCUMENT # B98000000227	
Mailing Address 200 L'AMBIANCE CIRCLE, #105 NAPLES FL 34108		Principal Office Address 200 L'AMBIANCE CIRCLE, #105 NAPLES FL 34108	
2. Mailing Address 262 MONTEREY DR. Suite, Apt. #, etc.		2a. Principal Office Address 262 MONTEREY DR Suite, Apt. #, etc.	
City & State NAPLES FL		City & State NAPLES FL	
Zip 34119		Zip 34119	
3. Date Formed or Registered 04/10/1998		5a. Capital Contributions as Shown on record. \$250,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation DE		6. FEI Number <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
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)	



nc 1/4

9. Name and Address of Current Registered Agent MELNICK, STUART L 200 L'AMBIANCE CIRCLE, #105 NAPLES FL 34108		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 262 MONTEREY DR Suite, Apt. #, etc. City NAPLES FL Zip Code 34119	
---	--	---	--

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) *Stuart L Melnick* 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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MELNICK VENTURES, INC.	209 L'AMBIANCE CIRCLE	NAPLES FL 34108	F98000001993
4000002733934--6 -01/07/99--01105--009 ****526.25 ****526.25			

CR2E003 (8/98)

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 620, Florida Statutes.

SIGNATURE *Stuart L Melnick* DATE _____
 Typed or Printed Name of General Partner Signing Form **STUART L MELNICK** Daytime Telephone Number **941-354-0256**
PRESIDENT, MELNICK VENTURES INC