## FILE ON OR BEFÉRE NECEMBER 31, 1998 OR LIMITED PARTNERSHIP

| LIMITED PARTNERSHIP ANNUAL REPORT 1. Name of United Partnership  2. Name of United Partnership  2. Name of United Partnership  3. Date Format or Registered  4. Special Country of Trusterion  3. Date Format or Registered  4. Special Country of Trusterion  4. Special Country of Trusterion  5. Date Sp   | WILL BE SUBJECT TO RE                                     | VOCATION AND \$500 PENAL                                  | TY FEE                               |  |  |  |
|--|---|---|--------------------------------------|--|--|--|
| 1. Name of United Partnership  B9800000027  MELNICK VENTURE PARTNERS I L.P.  Maling address 200 L'ANDAUGE CIRCLE #105  NAPLES R 1-9105  NAPLES R 1-9106  NAPLES R 1-9105  NAPLES R 1-9105  NAPLES R 1-9106  NAPLES   | ANNUAL REPORT   | Sandra B.<br>Secretary                                    | Sandra B. Mortham Secretary of State |  | 98 DEC 23 PM 4: 01   |  |
| Maling Address  Principal Cities Address  Principal Cities Address  20 L'AMBANCE CIRCLE #105  MAPLES R PMOD  22 R-Principal Offices Address  24 Soale or Country of Farmation  33. Date for Last Report  35. Date for Last Report  36. Date of Last Report  37. Date of Last Report  38. Date of Last Report  39. Name and Address of Country  40. Soale or Country  40. Find Address  40. Date of Last Report  40. Find Address  40. Date of Country  40. Soale or Country  40. Soale or Country  40. Find Address  40. Date of Last Report  40. Find Address  40. Date of Last Report  40. Find Address  40. Date of Last Report  40. Find Address  40. A Soale or Country  40. Find Address  40. Date of Last Report  40. Find Address of Country  | 1. Name of Limited Partnership                            |   |                                      |  | SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA   |  |
| 20 L-Mayelptic GRCLE #105 MPLES R. 1909  22 Montreller P. 1909  23 Montreller P. 1909  24 Montreller P. 1909  25 Montreller P. 1909  26 Montreller P. 1909  27 Montreller P. 1909  28 Principal Office Address  29 Montreller P. 1909  28 Principal Office Address  29 Montreller P. 1909  29 Montreller P. 1909  20 Lyd State  10 Feb Humber  20 Lyd State  10 Feb Humber  20 Lyd State  30   | MELNICK VENTURE PARTNE                                    | ERS I L.P.  | 16 1/14                              |  |  |  |
| 20 L-Mayelptic GRCLE #105 MPLES R. 1909  22 Montreller P. 1909  23 Montreller P. 1909  24 Montreller P. 1909  25 Montreller P. 1909  26 Montreller P. 1909  27 Montreller P. 1909  28 Principal Office Address  29 Montreller P. 1909  28 Principal Office Address  29 Montreller P. 1909  29 Montreller P. 1909  20 Lyd State  10 Feb Humber  20 Lyd State  10 Feb Humber  20 Lyd State  30   | Mailing Address   | Principal Office Address                                  |                                      | 3. Date Formed or Registered                   | 5a. Capital Contributions as   |  |
| 2. Adding Address 2. ACL MONTEREY DR 2. CONTROL of the Address 2. ACL MONTEREY DR 3. Sulta, Apt. 4, etc.  T. Certificate of Substa Desired  Sulta, Apt. 4, etc.  10, 16 charged, fire Project of Sulta Desired  Project of Sulta Desired  Project of Sulta Desired  10, 16 charged, fire Project of Sulta Desired  Project of   | 3   |   |                                      |  | 1  |  |
| Sulle, Apt. #. etc.  Applied For Microphylicable  T. Certificate of Sulnus Desirud  \$5.75 Acadisonal  \$5.75 Acadisona |   |   | <u> </u>                             | 4. State or Country of Formation               | 5b. Amount of Capital<br>Contributions in FLORIDA<br>to date:                      |  |
| City & State  City & State  Country  Co   | 262 MONTEREY DR.  | 262 MONTER  | TY DR                                | DE   |  |  |
| Sent Residence of Country  234119  8. Make chack polyable its: Dapp. of State (Sea revourse side for fee information supports of the state (Sea revourse side for fee information supports of the state (Sea revourse side for fee information supports of the state (Sea revourse side for fee information supports of the state (Sea revourse side for fee information supports of the state (Sea revourse side for fee information supports of the state (Sea revourse side for fee information supports of the state (Sea revourse side for fee information supports of the state of the state of the sea revourse side for fee information supports of the state of the sea revourse side for fee information supports of the state of the sea revourse side for fee information supports of the state of the sea revours   |   |   |                                      | 6. FEI Number                                  | Applied For Not Applicable   |  |
| 8. Name and Address of Current Registared Agent  10. If changed, new Registared Agent/Office  MELNICK, STUART I. 200 L/MRIANCE CIRCLE, #105  NAPLES R. 34708-  10a. Pursuant to the provisions of secutions 500, 1001 and 500, 1102, floride Statutes, the shore-named irrivate purpose of changing in registare of office or organization of registared agent, it will be information of the complete of changing in registared Accept from Statutes, the shore-named irrivate purpose of changing in registared Accept from Statutes of the statutes of the shore of Statutes of the statutes of the shore of Statutes of the Statutes of th   | 10-1(4  | NAPLES  | F_L<br>Country                       | 7. Certificate of Status Desired               | \$8.75 Additional Fee Required   |  |
| MELNICK, STUART I.  200 L/MBDANCE CIRCLE, #105  NAPIES FL 34108  Pursuant to the provisions of sections 520-1051 and 520.192, Piords Statutes, the above-named limited perfectively appropriated or registaned under the laws of the State of Florida, submitted this statement for the purpose of changing its registared office or registaned agent, or both, in the State of Florida, Such change was authorized by its general partners (s). I hereby accept the appointment of registared agent, I am familier with, and accept the obligations of section 520.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting appointment)  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. (Po NOT Use Post Office Sex Numbers)  11b. city, State 4 Zip Code  11c. Registration  Note: General partners, INC.  209 L'AMBIANCE CIRCLE  NAPIES FL 34108  F980000001993  *******526.25  *******526.25  *******526.25  ********526.25  ********526.25  ***********************************   | 34119   | 34119   | <del></del>                          | 8. Make check payable to: Dept. of             | State (See reverse side for fee information)                                       |  |
| MELNICK, STUART L 200 L/AMBANCE CIRCLE, #105  NAPLES FL 34108  10a. Pursuant to the provisions of sections \$20,1051 and \$20,102. Florids Statutum, the above-named interests or registered under the laws of the State of Florids, but miss for the purpose of changing its registered under the laws of the State of Florids, Such change was sufficiently in the State of Florids. Such change was sufficiently in the state of Florids and American to the provisions of section \$20,1051 and \$20,102. Florids Statutum, the above-named interests or registered under the laws of the State of Florids, submitted by its general partner(s). Thereby accept the appointment of registered significant of sections \$20,1051 and accept the objections of section \$20,102. Florids Statutum.  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. (Do NOT Use Fig. Office Spx Numbers)  11b. City, State & Zip Code  11c. Decument Number  NAPLES FL 34108  F98000001993  *******526. 25  *********526. 25  **********526. 25  ***********************************  |   |   |                                      | 10. If changed, new Registered                 | d Agent/Office   |  |
| 10a. Pursuant to the provisions of sections £20.1051 and £20.192, Rodds Statutes, the above-named limited perferently organized or registered under the laws of the State of Florids, submits this statemen for the purpose of changing its registered degent, or both, in the State of Plorids. Such change was authorized by its general partner(s). I hereby accept the expointment 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 ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. (Po NOT Use Post Office Box Numbers)  MELNICK VENTURES, INC.  209 L'AMBIANCE CIRCLE  NAPLES FL 34108  F98000001993  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  21. Ido hereby certify that the Information supplied with this filing is voluntarily furnished and cose not qualify for the exemption stated in Section 119.07(3)(x), Florida Statutes, I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(x) in the event that the information supplied scenes is furnished under cath. I further certify that it an information infected on this annual report is true and accurate and that my dispratuse statish have the seame legal effects as if made under cath. I further certify that it as a General Partner of the limited partnership, receiver or trust empowered to execute where agent and accurate and that my dispratuse statish have the seame legal effects as if made under cath. I further certify that it as a General Partner of the limited partnership, receiver or trust empowered to execute the exemption of the certification.   | 200 L'AMBIANCE CIRCLE, #105                               |   |                                      | MONTEREY DR                                    |  |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named light partners of the State of Florida, such change was authorized by its general partner(s). I hereby eccept the appointment of registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby eccept the appointment of registered agent. I am familiar with, and accept the obligations of section 820.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED And CITYLE WITH THIS OFFICE.  11a. Name(s) of General Partner(s)  11a. Address of Each General Partner  11b. City, State & Zip Code  11c. Registration/Document Number  11b. City, State & Zip Code  11c. Registration/Document Number  11c. Registration/Document Number  11d. Name(s) of 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 examption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any ilability of the this partner shall be very because the provision of this annual report is true and accurate and that my signature shall have the same legal effects as if made under cosh, 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 cosh, I further certify that I am a General Partner or fluster or fluster or the limited partnership, receiver or trust empowered to succurpt the approve the partnership, receiver or trust empowered to succurpt the approve the partnership, receiver or trust empowered to succurpt the approve the partnership in the state of the state of th   |   |   | 194V                                 |  | FL 34119   |  |
| 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 (b) 11a. Address of Each General Partner (c) 11a. Address of Each General Partner (c) 11b. City, State & Zip Code  11c. Registration/ Document Number  MELNICK VENTURES, INC.  209 L'AMBIANCE CIRCLE  NAPLES FL 34108  F98000001993  *****526. 25  ******526. 25  ******526. 25  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner  12. I do hereby certify that the Information supplied with this filing is voluminally furnished and does not qualify for the examption 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 trusts empowered to execute the exempt a required by chapter 620, Florida Statutes.  SIGNATURE  SIGNATURE  Address of Each General Partner  11b. City, State & Zip Code  11c. Registration/ 11c   | for the purpose of changing its registered office         | or registered agent, or both, in the State of Flori       | d limited partnership o              | organized or registered under the laws of the  | State of Florida, submits this statement<br>y accept the appointment of registered |  |
| MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s)  11a. Address of Each General Partner(s)  11b. City, State & Zip Code  11c. Registration/Document Number  11b. Name(s) of General Partner(s)  MELNICK VENTURES, INC.  209 L'AMBIANCE CIRCLE  NAPLES FL 34108  F9800000 1993  F9800000 1993  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  Note: General partners may include 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 trusts empowered to execute the exempt as required by chapter 620, Florida Statutes.  DATE   |   |   |                                      |  | D DIJONICO ENTITY  |  |
| MELNICK VENTURES, INC.  209 L'AMBIANCE CIRCLE  NAPLES FL 34108  F98000001993  ******526. 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 filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Floridas 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 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 trusts empowered to execute the partner of the limited partnership, receiver or trusts empowered to execute the control of the limited partnership, receiver or trusts 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 trusts 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 trusts 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 trusts 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 trusts 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 trusts 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 trusts empowered to execute the same legal effects as if made under oath. I further certify that I am a General Partner of t   | A GENERAL PARTNER THA                                     | ST BE REGISTERED AN                                       | D ACTIVE V                           | NITH THIS OFFICE.                              | K BUSINESS ENTITY  |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the examption 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 exampt 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 truste empowered to execute which caput as required by chapter 520, Florida Statutes.  SIGNATURE  DATE   | 11. Name(s) of General Partner(s)                         | 11a. Address of Each Genera<br>(Do NOT Use Post Office Bo | l Partner<br>ox Numbers) 111         | City, State & Zip Code                         |  |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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 trusted empowered to execute this export as required by chapter 620, Florida Statutes.  SIGNATURE  DATE  | MELNICK VENTURES, INC.                                    | 209 L'AMBIANCE CIRCLE                                     | 209 L'AMBIANCE CIRCLE NAF            |  | F98000001993   |  |
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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 truste empowered to execute this capput as required by chapter 620, Florida Statutes.  SIGNATURE  DATE   |   |   |                                      | <del> </del>                                   |  |  |
| 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 truste empowered to execute this capput as required by chapter 620, Florida Statutes.  SIGNATURE  DATE  DATE  | 12. I do hereby certify that the Information supplied wit | th this filing is voluntarily furnished and does no       | qualify for the exempt               | tion stated in Section 119.07(3)(k), Florida S | tatutes. I release the Division of   |  |
|  | this annual report is true and accurate and that my       | signature shall have the same legal effects as            |                                      |  |  |  |
| Typed or Printed Name of General Partner Signing Form 570A07 LINELNICK Daytime Telephone Number 941-354-0250   | SIGNATURE Sheran  | Welex   |                                      | DATE   |  |  |
|  | Typed or Printed Name of General Partner Signing Form     | STUART LINELNI  | 2 kr                                 | Daytime Telephone Number                       | 941-354-0256   |  |