


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 MM TOOL & DIE L.P.		1a. DOCUMENT # B98000000405	
Mailing Address 615 CHIPPEWA ROAD HARVARD IL 60033	Principal Office Address 615 CHIPPEWA ROAD HARVARD IL 60033	3. Date Formed or Registered 06/17/1998	5a. Capital Contributions as Shown on record \$150,000.00
2. Mailing Address P.O. BOX 691 Suite, Apt. #, etc. HARVARD, ILL. City & State 60033-0691 Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$200,000.00
		4. State or Country of Formation DE	6. FEI Number 59-351644 <input type="checkbox"/> Applied For <input 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)

FLORIDA
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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) MMTD MANAGEMENT INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 615 CHIPPEWA ROAD	11b. City, State & Zip Code HARVARD IL 60033 HARVARD	11c. Registration/Document Number F98000003452
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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 620, Florida Statutes.

SIGNATURE *David G. Sabel* - President

DATE 12/18/98

Typed or Printed Name of General Partner Signing Form

DAVID G. SABEL

Daytime Telephone Number 815-943-3303

CR2E003 (8/98)