

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

141.25

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
98 DEC 30 PM 1:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A20864
MASSACHUSETTS AVENUE, LTD.	



Mailing Address 6709 RIDGE ROAD, SUITE 200 PORT RICHEY FL 34668	Principal Office Address 6709 RIDGE ROAD, SUITE 200 PORT RICHEY FL 34668	3. Date Formed or Registered 09/27/1985	5a. Capital Contributions as Shown on record. \$92,745.04
2. Mailing Address PO BOX 2108	2a. Principal Office Address 2739 US Hwy 19	3a. Date of Last Report 04/08/1998	5b. Amount of Capital Contributions in FLORIDA to date: 43,374
Suite, Apt. #, etc.	Suite, Apt. #, etc. Ste 201	4. State or Country of Formation FL	6. FEI Number 59-2589078
City & State ESTERS, FL	City & State Holiday FL	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)
Zip 34680-2108	Zip 34690		

9. Name and Address of Current Registered Agent BRASHER, C. JOHN 6709 RIDGE ROAD, SUITE 200 PORT RICHEY FL 34668	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) PO B 2739 US Hwy 19 Suite, Apt. #, etc. Ste 201 City Holiday FL Zip Code 34691
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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) _____

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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
MASSACHUSETTS AVE INC	6709 RIDGE ROAD, SUIT	PORT RICHEY FL 34668	H77213

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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 JOHN HUDSON PRES DATE 12-1-98
Typed or Printed Name of General Partner Signing Form JOHN HUDSON PRES - MASS AVE INC Daytime Telephone Number 727-9430138

CR2E003 (8/98)