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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



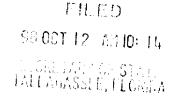
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1. Name of Limited Partnership

**DOCUMENT#** A20913



	NTRYSIDE, LTD. 99.	.AR/CU C	^3		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1343 MAIN STREET	1343 MAIN STREET		10/04/1985	4	
SUITE 500	SUITE 500			\$990.00	
SARASOTA FL 34236	SARASOTA FL 34236		10/01/1997	5b. Amount of Capital	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		State or Country of Formation	to gate.	
0.15.4.1.15.4			FL		
Sulte, Apt. #, etc.	Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable	
				\$8.75 Additional	
Zip Country	Zip Country		7. Certificate of Status Desired	Fee Required	
			8, Make check payable to: Dept.	of State (See reverse side for fee information	
9. Name and Address of (	Current Registered Agent		10, If changed, new Register	red Agent/Office	
		Name			
MANNAUSA, THOMAS J		Street Addr	ddress (P.O. Box Number is Not Acceptable)		
1343 MAIN STREET					
PALM TOWERS BLDG., 5TH FLOOR		Suite, Apt. #	# <b>, e</b> tc.	-	
		l l			
SARASOTA FL 34236		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the obli	fice or registered agent, of both, in the State of Fix igations of section 650,192, Florida Statutes.	ned limited partne	prehip organized or registered under the laws of to ge was authorized by its general partner(s). I here	he State of Florida, submits this statement oby accept the appointment of registered	
10a. Pursuant to the provisions of sections 620.1 for the purpose of changing its registered of agent. I am familiar with, and accept the oblining Appointment A GENERAL PARTNER THE	fice or registered agent, of both, in the State of Fice igetions of section 620.192, Florida Statutes.	ned limited partne orida. Such chang	pe was authorized by its general partner(s). I here  DAT  PARTNERSHIP OR OTH	he State of Florida, submits this statement by accept the appointment of registered	
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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 trustee empowered to execute this report as recipired by chapter 620, Floridge Statutes.

DATE\_ 10.1.98

SIGNATURE\_

m J. Maurawa