

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 27 PM 6:30

1. Name of Limited Partnership MATSON PARTNERS, L.P., LTD.		1a. DOCUMENT # A30336	
Mailing Address 400 PALMETTO AVE. OSPREY FL 34229		Principal Office Address 400 PALMETTO AVE OSPREY FL 34229	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

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3. Date Formed or Registered 07/02/1990	5a. Capital Contributions as Shown on record \$0.00
3a. Date of Last Report 12/08/1997	5b. Amount of Capital Contributions in FLORIDA to date 0.00
4. State or Country of Formation DE	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 65-0169390	<input type="checkbox"/> \$8.75 Annual Fee Required
7. Certificate of Status Desired	8. Multiple fee payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent MATSON, J. RICHARD 400 PALMETTO AVE. OSPREY FL 34229	10. If changed, new Registered Agent Office Name Street Address (P.O. Box Number Not Applicable) Suite, Apt. #, etc. City Zip Code
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SECRETARY OF STATE
 07/03/99-01072-020
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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) MATSON, J. RICHARD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 400 PALMETTO AVE.	11b. City, State & Zip Code OSPREY FL	11c. Registration Document Number
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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 exception 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 _____ DATE 1/24/99
 Typed or Printed Name of General Partner Signing Form: J. RICHARD MATSON Daytime Telephone Number: 941-966-5224

CR2E003 (9/98)