

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 27 PM 6:31

1. Name of Limited Partnership

1a. DOCUMENT #
A30337

OSPREY PARTNERS, L.P., LTD.

*99-AR
CM*



Mailing Address

400 PALMETTO AVE.
OSPREY FL 34229

Principal Office Address

400 PALMETTO AVE
OSPREY FL 34229

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

6. FEI Number

65-0169391

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Annual Fee Required

8. Make check payable to Dept. of State (See reverse side for instructions)

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

9. Name and Address of Current Registered Agent

MATSON, J. RICHARD
400 PALMETTO AVE.
OSPREY FL 34229

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent Office

3400002703803-07
-02/08/99-01072-010
****141.25 ****141.25
FL Zip Code

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. Registrations' Document Number

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 included 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

J. Richard Matson
J. RICHARD MATSON

DATE

1/24/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941-966-5274

CR2E003 (9/99)