

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 FEB 16 AM 10:37

SECRETARY OF STATE
FLORIDA



1. Name of Limited Partnership
CURTISS AVENUE ASSOCIATES LIMITED PARTNERSHIP

1a. DOCUMENT #
A30432

Mailing Address ATTN: ROBERT BRADLEY 1950 OLD GALLOWS RD., #585 VIENNA VA 22182	Principal Office Address ATTN: ROBERT BRADLEY 1950 OLD GALLOWS RD., #585 VIENNA VA 22182
2. Mailing Address 1950 Old Gallows Rd Suite, Apt. #, etc. 750 City & State Vienna VA Zip 22182 Country	2a. Principal Office Address Suite, Apt. #, etc. 750 City & State Zip Country

3. Date Formed or Registered 07/27/1990	5a. Capital Contributions as Shown on record \$287,000.00
3a. Date of Last Report 12/26/1997	5b. Amount of Capital Contributions in FLORIDA to date \$100.00
4. State or Country of Formation FL	6. FEI Number 65-0207581 <input type="checkbox"/> Applied For <input checked="" 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)

9. Name and Address of Current Registered Agent
BRADLEY, STEVEN
1901 MORRILL ST.
SARASOTA FL 34236

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SARASOTA PROPERTY MANAGEMENT	1950 OLD GALLOWS ROAD # 750	VIENNA VA 22182	V03006

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2-19-99

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 _____ DATE 2/19/99
Typed or Printed Name of General Partner Signing Form ROBERT S. BRADLEY JR Daytime Telephone Number 703-287-3401

CR2E003 (12/98)