

**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  
98 NOV 24 PM 12: 59

1. Name of Limited Partnership

1a. DOCUMENT #  
**A30558**

**THE FAIRWAYS GROUP OF DELAWARE LIMITED  
PARTNERSHIP**



012/11

Mailing Address 9540 CENTER ST SUITE 300 MANASSAS VA 20110		Principal Office Address 9540 CENTER ST SUITE 300 MANASSAS VA 20110		3. Date Formed or Registered <b>09/05/1990</b>	5a. Capital Contributions as Shown on record. <b>\$99.00</b>
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report <b>09/23/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation <b>DE</b>	5b. Amount of Capital Contributions in FLORIDA to date: <b>\$8.75 Additional Fee Required</b>
City & State		City & State		6. FEI Number <b>54-1534085</b>	
Zip Country		Zip Country		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 <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		<b>FL</b> 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
THE FAIRWAYS GROUP ASSOCIATE	9540 CENTER ST., SUIT	MANASSAS VA 22110	G93138900038
7000002701067--0 -12/03/98--01006--004 ****141.25 ****141.25			

**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 Mark A. Burne DATE 11-12-98

Typed or Printed Name of General Partner Signing Form Mark A Burne # President & CEO Daytime Telephone Number 703-330-5300

CR2E003 (8/98)