

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

97 DEC 31 PM 12: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership	1a. DOCUMENT # A94000000205
PINELLAS BAY VISTA PARTNERS, LTD. <i>98-AR CM</i>	



Mailing Address 15950 BAY VISTA DR #250 CLEARWATER FL 34620	Principal Office Address 15950 BAY VISTA DR #250 CLEARWATER FL 34620	3. Date Formed or Registered 02/21/1994	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address Hill, Ward & Henderson Suite, Apt. #, etc. PO Box 2231 City & State Tampa, FL Zip Country 33601-2231 USA	2a. Principal Office Address 101 E. Kennedy Blvd Suite 3700 City & State Tampa, FL Zip Country 33602 USA	3a. Date of Last Report 12/30/1996	
		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
		6. FEI Number 59-3224948	<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 GARCIA, MARTIN L ESQ. 101 E. KENNEDY BLVD., SUITE 3700 TAMPA FL 33602	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
NEW BAY VISTA GENERAL PARTNE	15950 BAY VISTA DR #2	CLEARWATER FL 34620	A94000000943
4000002401164-1 -01/15/98--01034--003 ****156.25 ****156.25			

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 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 670, Florida Statutes.

SIGNATURE

Martin L. Garcia

DATE

12/24/97

Typed or Printed Name of General Partner Signing Form

Martin L. Garcia

Daytime Telephone Number

813 535-0772

CR25003 (6/97)