

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 # A94000000943
NEW BAY VISTA GENERAL PARTNER, LTD. 98-AR-EM	



Mailing Address 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER FL 34620	Principal Office Address 15950 BAY VISTA DRIVE SUITE 250 CLEARWATER FL 34620	3. Date Formed or Registered 07/13/1994	5a. Capital Contributions as Shown on record. \$67,006.00
2. Mailing Address Hill, Ward & Henderson	2a. Principal Office Address 101 E. Kennedy Blvd	3a. Date of Last Report 02/06/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc. PO Box 2231	Suite, Apt. #, etc. Suite 3700	4. State or Country of Formation FL	
City & State Tampa, FL	City & State Tampa, FL	6. FEI Number 59-3261733	<input type="checkbox"/> Applied for <input checked="" type="checkbox"/> Not Applicable
Zip 33601-2231	Country USA	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)
Zip 33601-2231	Country USA		

9. Name and Address of Current Registered Agent

**GARCIA, MARTIN L
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 _____

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, INC.	15950 BAY VISTA DR.,	CLEARWATER FL 34620	P94000051579
900002401459--0 -01/15/98--01048--004 ****541.25 ****541.25			

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 effect 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 **12/24/97**

Typed or Printed Name of General Partner Signing Form **Martin L. Garcia** Daytime Telephone Number **(813) 535-0770**

CR2E003 (6/97)