

**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
99 FEB -8 AM 10: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
1a. DOCUMENT #
A94000001272

FIRST DARTMOUTH COMMERCIAL, LTD.

Mailing Address 6699 90TH AVE. N. PINELLAS PARK FL 34666	Principal Office Address 6699 90TH AVE. N. PINELLAS PARK FL 34666	3. Date Formed or Registered 09/20/1994	5a. Capital Contributions as Shown on record. \$2,088.00
		3a. Date of Last Report 10/13/1997	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	5b. Amount of Capital Contributions In FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3269035	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent RICE, MARTIN E 333 THIRD AVE., N., STE 325 ST PETERSBURG FL 33701	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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, appoints the undersigned 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
DARTMOUTH DEVELOPMENT I, INC	5901 SUN BOULEVARD, S	ST. PETERSBURG FL 337	P93000027202
JORGE ECHARTE, JR., INC.	5901 SUN BOULEVARD, S	ST. PETERSBURG FL 337	P94000067463

SL
2-12-99

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 _____ **LED** DATE 12-28-98
Typed or Printed Name of General Partner Signing Form Frank Maggip CEO Daytime Telephone Number 913-541-1100

CR2E003 (8/98)