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

1. Name of Limited Partnership

a. DOCUMENT # **A94000001858**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 18 PM 4: 06

16/2/31

	'					
BAYSHORE VILLAGE, LTD.						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
9597 CENTRAL AVENUE MONTCLAIR CA 91763	9597 CENTRAL AVENUE MONTCLAIR CA 91763			\$2,258,000.00 5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired			
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required State (See reverse side for fee Information)		
9. Name and Address of Curre	ent Registered Agent	1	10. If changed, new Registered	Acent/Office		
9. Name and Address of Current Registered Agent PATTERSON, JOHN 46 NORTH WASHINGTON BLVD., SUITE 1 SARASOTA FL 34236		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 for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)	or registered agent, or both, in the State of Flor					
A GENERAL PARTNER THA	T IS A CORPORATION, I	LIMITED PAR	TNERSHIP OR OTHE	R BUSINESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number		
CUNNING MANAGEMENT, INC.	9597 CENTRAL AVENUE	ļ	ONTCLAIR CA 91763	F9400006662		
•	ļ		0000002	7806208 /%1116501		

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 Statut

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Typed or Printed Name of General Partner Signing Form By: Ronald Cunning

Daytime Telephone Number

909-624-4278