FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

1999	DIVISION OF CO	PRPORATIONS		FURATIONS	
1. Name of Limited Partnership	1a. DOCUMI A97000002		99 JAN -5 PM	l 3: 18	
LONGBOAT KEY EQUITIES, LTD.			P [2]		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1800 BEN FRANKLIN DRIVE SUITE 8806 SARASTOA FL 34236	1800 BEN FRANKLIN DRIVE SUITE B806 SARASTOA FL 34236		09/29/1997 3a. Date of Last Report 04/24/1998	\$2,500,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date: # 410, 000.00	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			Applied For Not Applicable	
			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	Fee Required State (See reverse side for fee information)	
9 Name and Address of Current	Registered Anant	<u> </u>	10. If changed, new Registered	AnantiOffice	
9. Name and Address of Current Registered Agent		Name			
SILBERSTEIN, DAVID M ESQ.		Stregt Address (P.O. Box Number Is-Not Acceptable) 027515738			
		Suite, Apt. #, etc.	Suite, Apt. #, etc. U1/22/33 U1U35 U14		
		City		Zip Code	
100	P20 402 Florida Chabdae the share named			FL State of Florida sylventra this shake year	
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, L Γ BE REGISTERED ANI			R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number	
LONGBOAT KEY EQUITIES, INC.	1800 BEN FRANKLIN DRI	SAI	RASOTA FL 34236	P97000082058	
1					
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					

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 truste
	empowered to execute this report as required by chapter 620, Florida Statutes.

SI	GNA	TURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (441) 388 - 343 4