

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JAN 27 PM 2:45

1. Name of Limited Partnership		1a. DOCUMENT # A97000002567	
MCCREADY MANHATTAN LIMITED PARTNERSHIP <i>g.m. cm</i>			
Mailing Address	Principal Office Address		
4351 GULF SHORE BLVD. N. #17-N NAPLES FL 34103	4351 GULF SHORE BLVD. N. #17-N NAPLES FL 34103		
2. Mailing Address	2a. Principal Office Address		
C/O 670 WEST MARKET STREET Suite, Apt. #, etc.	C/O 670 WEST MARKET STREET Suite, Apt. #, etc.		
City & State	City & State		
AKRON OHIO	AKRON OHIO		
Zip	Zip		
44303 USA	44303 USA		



3. Date Formed or Registered	5a. Capital Contributions as Shown on record
11/26/1997	\$5,000,000
3a. Date of Last Report	5b. Amount of Capital Contributions in FL ORODA to date
12/30/1997	2,000,000
4. State or Country of Formation	6. FEI Number
FL	59-3481995
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
8. Make check payable to Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required
	8596.25

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent Office
FAGA, ANTONIO ESQ. 375 12TH AVENUE, SOUTH NAPLES FL 34102	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
MCCREADY, JAMES	4351 GULF SHORE BLVD.	NAPLES FL 34103	

200000256702-1
02/03/98-01021-025
****526.25 ****526.25

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 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 X *James P. McCreedy* DATE X 12/31/98
Typed or Printed Name of General Partner Signing Form: James P. McCreedy
Daytime Telephone Number: 941-262-8162

CR2E003 (8/98)