

**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

06/21/1995
12/23/1997
CT
06-1420549



1. Name of Limited Partnership: **TALCOTT EQUITIES LIMITED PARTNERSHIP**
1a. DOCUMENT # **B95000000226**

Mailing Address: **100 PEARL ST.
HARTFORD CT 06103**
Principal Office Address: **100 PEARL ST.
HARTFORD CT 06103**

2. Mailing Address: _____
2a. Principal Office Address: _____
Suite, Apt. #, etc: _____
City & State: _____
City & State: _____
Zip: _____ Country: _____
Zip: _____ Country: _____

3. Date Form 1 or Registered: **06/21/1995**
3a. Date of Last Report: **12/23/1997**
4. State or Country of Formation: **CT**
5a. Capital Contributions as Shown on record: **\$12,537.00**
5b. Amount of Capital Contributions in FICR/DIA to date: **11,011**
6. FIC Number: **06-1420549**
7. Certificate of Status Desired: \$8.75 Additional Fee Required
8. Make check payable to Dept. of State (See reverse side for information)

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name: _____
Street Address (P.O. Box Number Is Not Acceptable): _____
Suite, Apt. #, etc: _____
City: _____
Zip Code: **FL**

10. If changed, new Registered Agent/Office
FF #165.83

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
TALCOTT CORPORATION	100 PEARL ST.	HARTFORD CT 06103	F95000003007

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****165.83
7.7.08-40

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 by: *Kevin A. North*
Typed or Printed Name of General Partner Signing Form: **Kevin A. North, President**
DATE: **11/30/98**
Daytime Telephone Number: **860-293-6101**

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