


**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. Motham Secretary of State DIVISION OF CORPORATIONS
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FILED
 09 JAN -7 PM 10:30
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS


1. Name of Limited Partnership 2052 MCGREGOR PARTNERSHIP, LTD.		1a. DOCUMENT # A9500000715
Mailing Address 2136 MCGREGOR BLVD. FORT MYERS FL 33901	Principal Office Address 2136 MCGREGOR BLVD. FORT MYERS FL 33901	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

3. Date Formed or Registered 05/08/1995	5a. Capital Contributions as Shown on record \$138,253.51
3a. Date of Last Report 09/18/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 65-0571611	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent CORBIN HENDERSON COMPANY 2136 MCGREGOR BLVD. FORT MYERS FL 33901	10. If changed, new Registered Agent's Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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 ****535.00 ****535.00
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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, 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). Thereby 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
SIMARO CORPORATION	5801 PELICAN BAY BOUL	NAPLES FL 33963	P95000012574
CORBIN HENDERSON COMPANY	2136 MCGREGOR BLVD.	FORT MYERS FL 33901	510970

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. 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: *Corbin Henderson Company*
Randall P. Henderson Jr., President
 TYPED OR PRINTED NAME OF GENERAL PARTNER SIGNING FORM: RANDALL P. HENDERSON JR.

DATE: 12.10.98
 DAYTIME TELEPHONE NUMBER: 941-334-4212

CR2E003 (8/98)