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

DOCUMENT# A03152

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



FIVE B'S REALTY LTD. Capital Contributions as Shown on record. 3. Date Formed or Registered Principal Office Address Mailing Address 09/28/1972 % GEORGE BUILL % GEORGE BULL \$5,000.00 3a. Date of Last Report 1937 SEVILLA BLVD W 1937 SEVILLA BLVD W ATLANTIC BEACH FL 32233 ATLANTIC BEACH FL 32233 5b. Amount of Capital Contributions in FLORIDA to date: 09/10/1997 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 59-1421173 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Zip Country Zip 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office

	Name	
BULL, GEORGE JR 1937 SEVILLA BLVD WEST ATLANTIC BEACH FL 32233	Street Address (P.O. Box	Number Is Not Acceptable)
	Suite, Apt. #, etc.	9000027406199. -01/13/9901101003
	City	*****61. 45 L *****61.25 *

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the la 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)

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

[[[O] DE [[O] [II] [II] [II] [III] [III] [III]				
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	
BULL, GEORGE JR.	1937 SEVILLA BLVD. WE	ATLANTIC BEACH FL PONTE VERDA FL		
WILDT, BEVERLY B	313 FREASAINT RUN	300005	7406199. /9901101004	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

d 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 the with Section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event that the information supplied is deemed event from public section 119.07(3)(k) in the event flow in the event fl I do hereby certify that the information supp 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 a large 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 d accurate and th this annual report is true t my signature

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number