

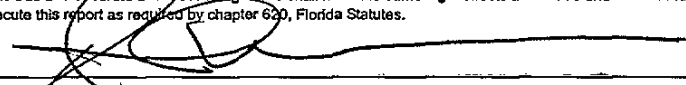


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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 98 DEC 18 PM 2:33 <i>mtu</i> 12/30		
1. Name of Limited Partnership CLEARWATER ASSOCIATES, LIMITED PARTNERSHIP		1a. DOCUMENT # A10052				
Mailing Address POST OFFICE BOX 799 ALBANY NY 12201		Principal Office Address 1000 N. KEENE ROAD CLEARWATER FL 34615		3. Date Formed or Registered 02/09/1981		
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 05/18/1998		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation NY		
City & State		City & State		5a. Capital Contributions as Shown on record. \$302,475.00		
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date:		
				6. FEI Number 14-1622382 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
				7. Certificate of Status Desired <input checked="" 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 UCCELLINI, CHARLES L 205 LENNOX ROAD W. PALM HARBOR FL 34683				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
				900002728399-4 -12/31/98-01078-020 ****535.00 ****535.00 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						
UCCELLINI, WALTER F.		THE CROSSWAY		TROY NY 12180		F93000004
KEARNS, GARRY J.		5 MARATHON DR.		TROY NY 12180		
ADLEY, HARRY C.		113 BIG PASS LANE		SARASOTA FL 33581		
WALTER UCCELLINI/UNITED GROU		80 STATE STREET, 8TH		ALBANY NY 12207		
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  DATE 9-28-98						
Typed or Printed Name of General Partner Signing Form Walter F. Uccellini Daytime Telephone Number (518) 434-2801						

CR2E003 (8/98)