FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A11593**

1576-1/Pore-

SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN -5 AM 10: 46

1/14



TANDEM ASSOCIATES, LIMITED						
Malling Address 3459 SEA GRAPE DR. SARASOTA FL 34242	Principal Office Address 3459 SEA GRAPE DR. SARASOTA FL 34242	3459 SEA GRAPE DR.		5a. Capital Contributions as Shown on record. \$31,500.00		
			02/14/1997 4. State or Country of Formation	5b. Amou Contr to da	int of Capital ibutions in FLORIDA e:	
2. Mailing Address	2a. Principal Office Address		FL	\$31,500.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2115675		Applied For	1
City & State	City & State	City & State		Not Applicable \$8.75 Additional Fee Required		1
Zip Country	Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)			-
9. Name and Address of Curr	ent Registered Agent		10. If changed, new Registere	d Agent/Office		7
		Name				1
HALPIN, DAVID J. 3459 SEA GRAPE DRIVE SARASOTA FL 34242		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt. #, etc. 80000240			938 0	
		*****324. 25 L *****324.25				
agent. I am familiar with, and accept the obligated SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA MU		IMITED PAR D ACTIVE WI	TNERSHIP OR OTHE	R BUSI		
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	al Partner (x Numbers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	1
TANDEM MANAGEMENT CORP.	3459 SEA GRAPE DR.		SARASOTA FL		F47892	
Note: General partners MAY NO	OT be changed on this form	n; an amendm	ent must be filed to ch	ange a g	eneral partner.]
12. I do hereby certily that the information supplied w Corporations from any liability of non-compliance this annual report is true and accurate and that m empowered to execute this report as required.	with Section 119.07(3)(k) in the event that the in a signature shall have the same legal effects as	nformation supplied is de-	emed exempt from public access. I furth	er certify that t	he information indicated on	
SIGNATURE	Hat - 11 0 1		DATE	12/1	2/97	
Typed or Printed Name of General Partner Signing Form	-David J. Haljir	1, 1185.	Daytime Telephone Number	41/36	1-6660	