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

1a. DOCUMENT # **A11593**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JAN 20 AM 8: 44

ASSOCIATES.	
MOOUGH LU.	

Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
3459 SEA GRAPE D		3459 SEA GRAPE DR.		12/03/1981	\$31,500.00
SARASOTA FL 34242		SARASOTA FL 34242		3a. Date of Last Report 01/05/1998	
					5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Addre	SS .	2a. Principal Office Address		4. State or Country of Formation	\$31,500.00
Suite, Apt. #, etc.	:	Suite, Apt. #, etc.		6. FEI Number 59-2115675	Applied For Not Applicable
City & State		City & State		7. Certificate of Status Desired	
Zip Country	Country	Zip Country		a Certificate of Status Desired	\$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			10. If changed, new Registered Agent/Office		
LIALDIN DAVI	D.I.		Name		
HALPIN, DAVID J. 3459 SEA GRAPE DRIVE			Street Address (P.O. Box Number Is Not Acceptable)		

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.

Suite, Apt. #, etc.

SIGNATURE (Registered Agent Accepting Appointment)

SARASOTA FL 34242

DATE

Zip Code

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

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			
TANDEM MANAGEMENT CORP.	3459 SEA GRAPE DR.	SARASOTA FL	F47892			
	- - -	30000275 -01/21/9 ****309.	04130 01102008 25 ****309.25			

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 670, Florida Statutes.

CR2E003 (8/98)