FILE ON OR BEFORE APRIL 7, 1999 TO AVOID **REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED

1999	DIVISION OF CORPORATIONS		99 MAR 29 PH 1: 10	
1. Name of Limited Partnership	1a. DOCUMENT # A14814		SECNETANY OF STATE	
GARRISON BIGHT INVESTO	ORS, LTD.			7
Mailing Address 1601 N. ROOSEVELT BLVD. KEY WEST FL 33040	Principal Office Address 1601 N. ROOSEVELT BLVD. KEY WEST FL 33040		3. Date Formed or Registered 07/01/1983 3a. Date of Last Report 09/29/1997	5a. Capital Contributions as Shown on record \$117,000.00 5b. Amount of Capital Contributions inFLORIDA to date
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2355371	Applied For Not Applicable
City & State Zip Country	City & State			\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Curr	rent Registered Agent		10. If changed, new Registered	Agent/Office
		Name Robin Lockwood Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc City Key Waxt FL Zip Code 330 40 amed limited partnership organized or registered under the laws of the State of Florida, submits this statement Florida Such change was authorized by its general partner(s). I hereby accept the appointment of registered		
SIGNATURE (Registered Agent Accepting Appointment)		hwood		3-24.98
A GENERAL PARTNER THA	AT IS A CORPORATION, JST BE REGISTERED AN	LIMITED PAT ID ACTIVE V	RTNERSHIP OR OTHI VITH THIS OFFICE.	ER BUSINESS ENTITY
11. Name(s) of General Partner(s)	Address of Each Genera 11a. (Do NOT Use Post Office Bo	Partner ox Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number
LOCKWOOD, ROBIN ROY MD	1111 12TH STREET #	112	####5 67,000000000000000000000000000000000000	6)325565 7/9901090019 26.25 ****526.25
Note: General partners MAY N	OT be changed on this form	n; an amendn	ent must be filed to ch	ange a general partner.
12. I do hereby certify that the information supplied will	th this filing is voluntarily furnished and does not	qualify for the exemption	stated in Section 119 07(3)(k). Florida Sta	atutes. 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

Typed or Printed Name of General Partner Signing Form

DATE 3.24.99

Daytime Telephone Number