

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
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FILED

98 DEC 30 PM 2:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership NORTHGATE PARTNERS, LTD.	1a. DOCUMENT # A19699
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Mailing Address P.O. BOX 11229 KNOXVILLE TN 37909	Principal Office Address % REALTY MANAGEMENT COMPANY 5410 HOMBERG DR. KNOXVILLE TN 37919
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3. Date Formed or Registered 04/15/1985	5a. Capital Contributions as Shown on record. \$345,000.00
3a. Date of Last Report 12/18/1997	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	

2. Mailing Address c/o Rmc Realty Companies, Ltd. Suite, Apt. #, etc. 1733 W. Fletcher Ave. City & State Tampa, FL 33612 Zip Country	2a. Principal Office Address c/o Rmc Realty Companies, Ltd. Suite, Apt. #, etc. 1733 W. Fletcher Ave. City & State Tampa, FL 33612 Zip Country
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6. FEI Number 62-1234834	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input 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 WALTERS, CLIFFORD L 802 11TH ST W. BRADENTON FL 34205

10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) LEVIN, RICHARD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7646 N. LOCKWOOD RIDGE 340 S. Palm Avenue Apartment 45	11b. City, State & Zip Code SARASOTA FL 34243 Sarasota, FL 34234	11c. Registration/Document Number 900002743799--0 -01/21/99--01072--003 ****526.25 ****526.25
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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 *Richard M. Levin*

DATE 12-28-98

Typed or Printed Name of General Partner Signing Form Richard M. Levin

Daytime Telephone Number 941-330-8300

CR2E003 (8/98)