

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

98 DEC 31 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A21546
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WATER STREET INVESTORS LIMITED

Mailing Address 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216	Principal Office Address 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216	3. Date Formed or Registered 12/18/1985	5a. Capital Contributions as Shown on record. \$500.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 01/02/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$500.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2879549
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

9. Name and Address of Current Register BROWN, GERALDINE G 3100 UNIVERSITY BLVD. SOUTH SUITE 200 JACKSONVILLE FL 32216	10a. Pursuant to the provisions of sections 620.1051 and 620.192, for the purpose of changing its registered office or registered agent, I am familiar with, and accept the obligations of section SIGNATURE (Registered Agent Accepting Appointment)	10b. I, the undersigned, as Secretary of State, do hereby certify that the information furnished in this statement is true and correct. DATE
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A GENERAL PARTNER THAT IS A C MUST BE F				OR OTHER BUSINESS ENTITY FICE.			
11. Name(s) of General Partner(s) THE CLARKSON COMPANY	11a. (Do NOT Use Post Office Box Numbers) 3100 UNIVERSITY BLVD.	11b. City, State & Zip Code JACKSONVILLE FL 32216	11c. Registration/ Document Number J69900	900002748439--4 -01/20/98--01099--005 ****282.50 ****141.25			

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 620, Florida Statutes.

SIGNATURE Patricia H. Clarkson DATE 12/23/98

Typed or Printed Name of General Partner Signing Form Patricia H. Clarkson Daytime Telephone Number 904/359-0045

V.P.: The Clarkson Co.

CR2E003 (8/98)