A22038       TALLAHASSEE, FLO         AA2038       TALLAHASSEE, FLO         Maing address       Principal Office Address         201 ROCKY FONT DR       201 ROCKY FONT DR         SUITE 656       SUITE 656         TALLAHASSEE, FLO       State of Last Report         201 ROCKY FONT DR       201 ROCKY FONT DR         SUITE 656       SUITE 656         Suite, Apl. R, etc.       Suite, Apl. R, etc.         City & State       City & State         20       Country       Zip         20       Country       Zip         20       Country       Zip         20       Country       Zip         20       Country       Zip       Country         20       Country       Zip       Country         20       Country       Zip       Country         3.       Maine and Address of Current Registered Agent       10.         3.       Maine and Address of Current Registered Agent       Sig. Registered Agent Address of Curent Registered Agent <th>LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b></th> <th>FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORP</th> <th><b>rtham</b> State</th> <th></th> <th>FILED N-4 PM 4:30</th>	LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>	FLORIDA DEPARTME Sandra B. Mo Secretary of S DIVISION OF CORP	<b>rtham</b> State		FILED N-4 PM 4:30
Maling Address       Principial Otice Address       3, Data Formed or Registered       53, Cagedial Control         2501 ROCKY FOINT DR       2501 ROCKY FOINT DR       30, Data of Last Report       555,000         32, Data of Last Report       3, Data of Last Report       555,000         22, Mailing Address       23, Data of Last Report       555,000         32, Data of Last Report       555,000         34, Bate of Country of Pormation       555,000         24, Bate of Country of Pormation       555,000         2501 ROCKY POINT DR       Suite, Apl. 4, dc.         City & State       City & State         27p       Country       Zip         28, Man one: Address of Current Registered Agent       10, If changed, new Registered Agent         30, Mare and Address of Current Registered Agent       10, If changed, new Registered Agent Office         2502 ROCKY POINT DR       State, Address (PO, Bex Number Is Not Acceptable)         2502 ROCKY POINT DR       State, Address (PO, Bex Number Is Not Acceptable)         2502 ROCKY POINT DR       State, Address (PO, Bex Number Is Not Acceptable)         2502 ROCKY POINT DR       State, Address (PO, Bex Number Is Not Acceptable)         2502 ROCKY POINT DR       State, Count Agent Adgress Accepting Agent Adgre	1. Name of Limited Partnership			SECRETARY OF STATE TALLAHASSEE, FLORIDA	
2001 ROCKY POINT DR       2501 ROCKY POINT DR       3201 ROCKY POINT DR       331. Data of Last Report       \$55.000         2001 ROCKY POINT DR       320. Data of Last Report       4. State of Last Report       \$55.000         21. Mailing Address       2a. Principal Office Address       4. State of Last Report       \$50.000         21. Mailing Address       2a. Principal Office Address       6. FEI Number       9. Annot at California International State Internation Report Repor	IANGROVE CAY ASSOCIAT	'ES I, LTD.			
Durit Sub     Subar Apt. 8, 23807     TAMPA FL 33807     TAMPA FL 33807     TAMPA FL 33807     TAMPA FL 33807     Subar Address     S	lailing Address	Principal Office Address	3	Date Formed or Registered	5a. Capital Contributions as Shown on record.
2. Mailing Address       2a. Principal Office Address         3. Mailing Address       2a. Principal Office Address         Suite, Apt. #, etc.       Suite, Apt. #, etc.         City & State       City & State         Zip       Country         Zip	UITE 695	SUITE 695		-	\$55,000.00
Suite, Apl. #, etc.       Suite, Apl. #, etc.       F.         City & State       City & State       City & State       City & State         Zip       Country       Zip       Country       State			4		5b. Amount of Capital Contributions in FLORIDA to date:
Buils, ApL #, etc.       Suits, ApL #, etc. <b>G</b> , FEI Nember <b>SP2638577 Control App</b> <b>SP2638577 Control App</b> <b>SP2638577 Control Sp2638577 Control Sp2638577 Control Sp2638577 Control Sp27 S</b>				FL	
Zip       Country       Zip       Country       7. Certificate of Status Desired       9.7, 7 mm         3. Mate check bayehe to: Dept. of Status Desired       9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office         9. Name and Address of Current Registered Agent       10. If changed, new Registered Agent/Office         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)         Street Address (P.O. Box Number is Not Acceptable)       Street Address (P.O. Box Number is Not Acceptable)			6	FEI Number	Applied For Not Applicable
	· · · · · · · · · · · · · · · · · · ·				\$8.75 Additional Fee Required
LAUER, F. BRUCE       Street Address (P.O. Box Number is Not Acceptable)         2502 ROCKY POINT DR       State Address (P.O. Box Number is Not Acceptable)         SulTE 695       State, Apt. #. etc.         TAMPA FL 33607       City       FL         10a.       Pursuant to its provisions of section s500.1051 and 520.1052. Fordat Statutes, the above-named limited partner/bit organized or registered under the laws of the State of Forda. Such change was authorized by its general partner(s). I heroby accept the appointment gent. I am familar with, and accept the obligations of section 520.192. Florida Statutes.         SIGNATURE (Registered Agent Accepting Appointment)       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       DATE         11.       Name(s) of General Partner(s)       11a. (Do NOT Use Peet Office Box Number)       11b. City. State 4.21p Code       11c. Registered Agent Accepting Agenointment general partner(s)         MANGROVE CAY, INC.       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         JNN - L       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         VINN - L       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         VINN - L       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         VINN - L       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         V				8. Make check payable to: Dept. of State (See reverse side for fee information	
LAUER, F. BRUCE       Street Address (P.O. Box Number is Not Acceptable)         2502 ROCKY POINT DR       Stuffe 695         SUITE 695       City       FL       Zip Cod         10a.       Pursuant to the provisions of section s20.1051 and 620.192, Florida Statutes, the above-named timiled partner/stip organized or registered under the laws of the State of Florida, submits for the purpose of changhog is registered agent, or both, in the State of Florida. Such change was authorized by its general pertner(s). I hereby accept the appointment general pertner(s). I hereby accept the appointment         SIGNATURE (Registered Agent Accepting Appointment)       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       DATE         11.       Name(s) of General Partner(s)       11a. (Co NOT Use Post Office Box Number)       11b. City, State 4.20 Cod       11c. Registered Agent Accepting Appointment)         MANGROVE CAY, INC.       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         UNN       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         UNN       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         UNN       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         UNN       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         UNN       2502 ROCKY POINT DR       TAMPA FL 33607       H9	9. Name and Address of Cur	rent Registered Agent		10. If changed, new Registered	Agent/Office
2502 ROCKY POINT DR       Suite, Apt. #, etc.         SUITE 695       City       FL       Zip Code         10a.       FL       City       FL       Zip Code         10a.       Functionant to the provisitors 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 organized partnership organized or registered under the laws of the State of Florida, submits organized partnership organized or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment organized or registered Agent Accepting Appointment)       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       Note:         11.       Name(s) of General Partner(s)       11a.       Address of Each General Partner)       11b.       City, State & Zip Code       11c.       Registered Agent Accepting Appointment)         MANGROVE CAY, INC.       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         MANGROVE CAY, INC.       2502 ROCKY POINT DR       TAMPA FL 33607       JNN - Laws and the state of the acception state in Section 110.77(3)(A, Florida Statutes, Trelease the Diversion state in Section 110.77(3)(A, Florida Statutes, Trelease the Diversion state in Section 110.77(3)(A, Florida Statutes, Trelease the Diversion state in Taxet and the state acception state or state in a General Partner of the information supplied with this filling is violuntarily furnished and dees	,,,	——————————————————————————————————————	lame		
SUITE 695 TAMPA FL 33607  Sulfa, Apt. #, etc.  City FL  Zip Cod Fight and FL 33607  TAMPA FL 33607  FL  Zip Cod Fight and Second S				umber is Not Acceptable)	
TAMPA FL 33607       City       Zip Cod         10a.       Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnershift organized or registered under the laws of the State of Florida, such that general partner(s). I heroby accept the appointment segent. 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 MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       DATE         11.       Name(s) of General Partner(s)       11a.       Address of Each General Partner       11b.       City, State 4.21p Code       11c.       Registered Agent 4.200         MANGROVE CAY, INC.       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         Vistor       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         Vistor       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         Vistor       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         Vistor       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         Vistor       200002752372       200002752372       Yes +***         Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general to the information supplied with this filing is voluntarily furnished and does not quelify for the eximpti		Suite, Apt. #, etc.			
10a.       Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnerstiff organized or registered under the laws of the State of Florida, submits of the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment agent, I am familiar with, and accept the obligations of section 520.192, Florida Statutes.         SIGNATURE (Registered Agent Accepting Appointment)       DATE         A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.       DATE         11.       Name(s) of General Partner(s)       11a.       Address of Each General Partner       11b.       City, State 4.Zip Code       11c.       Registered Agent Accepting Agent Agent Accepting Agent Agent Accepting Agent Accepting Agent Agent Accepting Agent Agent Accepting Agent Agent Accepting		33607 City		CI Zip Code	
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.       Regination         MANGROVE CAY, INC.       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         JAN       - U       JAN       JAN       JAN         MANGROVE CAY, INC.       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         JAN       - U       JAN       JAN       JAN         Visite & Zip Code       11c.       Decume       Decume         MANGROVE CAY, INC.       2502 ROCKY POINT DR       TAMPA FL 33607       H99337         JAN       - U       JAN       - U       JAN       - U         Visite:       General partners       MAY NOT be changed on this form; an amendment must be filed to change a general       *****4         12.       I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the examption stated in Section 119.07(3)(k), Florida Statutes. I release the Divis Corporations from any liability of non-complexe with Section 119.07(3)(k) in the event that the information supplied is deemed exempt form public access. I further certify that the information true and accurate and that be same legal effocts as if made under cash. I further certify that the information the partners that the water shall have to the same shall have ton the same shall have ton the same shall have to	for the purpose of changing its registered office agent, I am familiar with, and accept the obligat SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THA	or registered agent, or both, in the State of Florida. S ions of section 620.192, Florida Statutes.	ITED PARTNI	d by its general partner(s). I hereby DATEDATE	accept the appointment of registered
MANGROVE CAY, INC. 2502 ROCKY POINT DR TAMPA FL 33607 H99337 JAN - L JAN - L 200002752375 -01./22/9901117- ****482.50 *****4 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general *****482.50 ******		Address of Each General Par	ther 11h		11c. Registration/ Document Number
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general     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 Divide Statutes and 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 Divide Statutes and 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 Divide Statutes and the information supplied with the information supplied is deemed exempt from public access. I further certify that the information the information supplied with the information state in section 119.07(3)(k) and the information supplied is deemed exempt from public access. I further certify that the information supplied is deemed exempt from public access. I further certify that the information the information supplied with the information supplied is deemed exempt from public access. I further certify that the information the information supplied is deemed exempt from public access. I further certify that the information the information supplied with the information supplied is deemed exempt from public access. I further certify that the information supplied with the information supplied is deemed exempt from public access. I further certify that the information is provided in the initiation of the initiation supplied with the information supplied is deemed exempt from public access. I further certify that the information is provided in the initiation supplied with the initiation supplied with the initiation supplied with the initiation supplied is deemed exempt from public access. I further certify that the initiation supplied with the initiation supplied with section the initiating a sevent supplice access. I furthe	MANGROVE CAY, INC.	· · · · · · · · · · · · · · · · · · ·		FL 33607	
-D1./22/99D1117-     ****482.50 *****  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general      Ido 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 Divis     Corporations from any liability of non-complete with Section 119.07(3)(k) in the event that the Information supplied is deemed exempt from public access. I further certify that the informatio     this annual report is true and accurate and that by signature shalt have the same legal effects as if made under cath. I further certify that I are a General Partner of the limited partnership, response to the same legal effects as if made under cath. I further certify that I are a General Partner of the limited partnership, response to the same legal effects as if made under cath. I further certify that I are a General Partner of the limited partnership.				T.J.	5. JAN - 4 1999
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 Divis 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 this annual report is true and accurate and that we signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, release	· · · · · · · · · · · · · · · · · · ·			-01/22/	/9901117022
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 this annual report is true and accurate and that by signature shall have the same legal effects as it made under oath. I further certify that I am a General Partner of the limited partnership, re-	Note: General partners MAY NO	)T be changed on this form; a	an amendment	must be filed to cha	nge a general partner.
	Corporations from any liability of non-compliance this annual report is true and accurate and that the	with Section 119.07(3)(k) in the event that the Informa g signature shall have the same legal effects as if mad	ation supplied is deemed e	xempt from public access. I further	certify that the information indicated on
SIGNATURE DATE DATEDATEDATE					

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