



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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	FILED 99 FEB 23 PM 1:17 SECRETARY OF STATE 	
1. Name of Limited Partnership CONTINENTAL GEORGIA PARTNERS, LTD.		1a. DOCUMENT # A23785		
2. Mailing Address % CHESIN & CO. 100 MERRICK RD., #404E ROCKVILLE CENTRE NY 11570		2a. Principal Office Address % CONTINENTAL REALTY 2255 GLADES RD. BOCA RATON FL 33431		3. Date Formed or Registered 12/12/1986
2b. Suite, Apt. #, etc.		2c. City & State		3a. Date of Last Report 04/08/1998
2d. Zip		2e. Country		4. State or Country of Formation GA
5a. Capital Contributions as Shown on record \$0.00		5b. Amount of Capital Contributions in FLORIDA to date: 0.00		
6. FEI Number 13-3379923		<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 TUPPENCE MANAGEMENT CORPORATION 2255 GLADES RD. STE. 223A BOCA RATON FL 33431				
10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code				
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) CONTINENTAL GEORGIA REALTY C	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2255 GLADES RD.	11b. City, State & Zip Code BOCA RATON FL 33431	11c. Registration/Document Number P17798 2000002795182--9 -03/05/99--01003--007 ****14.25 ****141.25 3-1-99	
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 <i>By: CONTINENTAL GEORGIA REALTY CORP, GP</i> <i>By: Barbara Oigant, J.P.</i> DATE <i>2/17/99</i>				
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____				

CR2E003 (12/98)