

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>
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1. Name of Limited Partnership	1a. DOCUMENT # <b>A25234</b>
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**GRACE PROPERTIES NO. 29, LTD.**

Mailing Address	Principal Office Address
1850 LEE ROAD SUITE 115 WINTER PARK FL 32789	1850 LEE ROAD SUITE 115 WINTER PARK FL 32789
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered <b>09/25/1987</b>	5a. Capital Contributions as Shown on record <b>\$14,045,099.00</b>
3a. Date of Last Report <b>04/15/1998</b>	5b. Amount of Capital Contributions in FLOIDA to date <b>14,045,099.00</b>
4. State or Country of Formation <b>FL</b>	
6. FEI Number <b>59-2848454</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired <b>X</b>	<b>\$8.75</b> 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	10. If changed, new Registered Agent/Office
RAJTA, STEVEN A. 1850 LEE ROAD SUITE 115 WINTER PARK FL 32789	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration Document Number
PCG INVESTMENTS, INC.	1850 LEE ROAD, SUITE	WINTER PARK FL 32789	J94099

**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

DATE

Typed or Printed Name of General Partner Signing Form

*Philip C. Grace*

Daytime Telephone Number

CR2E003 (8/98)