

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -7 AM 10:03

| | |
|--------------------------------|---------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A26636 |
|--------------------------------|---------------------------------|

**"ACCELERATED" HIGH YIELD INSTITUTIONAL
INVESTORS, LTD.**



| | | | |
|--|---|--|---|
| Mailing Address 1640 SCHOOL STREET, #100 MORAGA CA 94556 | Principal Office Address 1640 SCHOOL STREET, #100 MORAGA CA 94556 | 3. Date Formed or Registered 06/16/1988 | 5a. Capital Contributions as Shown on record. \$3,977,581.00 |
| 2. Mailing Address | 2a. Principal Office Address | 3a. Date of Last Report 12/29/1997 | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. State or Country of Formation FL | 6. FEI Number 65-0058182 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| City & State | City & State | 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) |
| Zip Country | Zip Country | | |

| | |
|---|---|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 NORTH PINE ISLAND ROAD PLANTATION FL 33324 | 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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|---|--|-----------------------------|---------------------------------------|
| MACKENZIE PATTERSON, INC. | 1640 SCHOOL STREET, # | MORAGA CA 94556 | F96000000036 |
| 800002710758--2 -12/11/98--01102--013 *****526.25 *****526.25 | | | |

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 effect 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

C.E. PATTERSON

Daytime Telephone Number

925 631 9100

CR2E003 (8/98)