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

1. Name of Limited Partnership

1a. DOCUMENT # **A27807**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 30 PM 3: 59

	A27807			
FIRST TEAM INFINITI, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
350 S. LAKE DESTINY DR. SUITE 200 ORLANDO FL 32810	350 S. LAKE DESTINY DR. SUITE 200 ORLANDO FL 32810		01/24/1989 3a. Date of Last Report 01/13/1998	\$402,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	1,066,400
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2927254	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional
Zip Country	Zip	Country		Fee Required state (See reverse side for fee information)
9. Name and Address of Current R	egistered Agent		10. If changed, new Registered	Agent/Office
HUMPHRIES, J. GREGORY 20 NORTH ORANGE AVENUE SUITE 1000		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.		
ORLANDO FL 32801-4626		Plac	itation_	FL 33324
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or registered. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	istered agent, or both, in the State of Florid	da. Such change w		
A GENERAL PARTNER THAT IS	S A CORPORATION, L BE REGISTERED AN	IMITED P	ARTNERSHIP OR OTHE	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo		1b. City, State & Zip Code	11c. Registration/ Document Number
FIRST TEAM MANAGEMENT, INC. 350 S LAKE DESTINY S-		ORLANDO FL		J22375
			90002 -01/05 ****5	7310391 /9901090006 26.25 ****526.25
Note: General partners MAY NOT k	pe changed on this form	n; an amen	dment must be filed to cha	nge a general partner.
12. I do hereby certify that the information supplied with this				

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 I am a General Partner of the limited partnership, receiver or trustee

ared to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partne