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

DOCUMENT#

FILED 98 DEC 22 PM 1: 44 SECRETARY OF STATE

	A27966		TALLA	TALLAHASSEE, PLOMISS	
BUCHWHITE PROPERTIES, A PARTNERSHIP	CALIFORNIA LIMITED)			
Mailing Address	Principal Office Address	=	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
% JENNETT INV CO. 3535 E COAST HWY S 358 CORONA DEL MAR CA 92625	% JENNETT INV CO. 3535 E COAST HWY S 358 CORONA DEL MAR CA 92625		02/24/1989 3a. Date of Last Report 12/17/1997	\$3,482,490.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to: Dept. of	Fee Required State (See reverse side for fee information)	
9. Name and Address of Curre	nt Registered Agent		10. If changed, new Registers	ed Agent/Office	
EASTMAN, DAVID D 318 NORTH MONROE ST. TALLAHASSEE FL 32301 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named for the purpose of changing its registered office or registered agent, or both, in the State of Florid agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.		ONE SA Sulta, Apt. #, etc SWTE City SARAS	P.O. Box Number is Not Acceptable) RASOTA TOWER 500 - TWO NORT OTA organized or registered under the laws of the		
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT	ST BE REGISTERED AN	D ACTIVE		ER BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers) 1	City, State & Zip Code	11c. Registration/ Document Number	
JAMES DAVID JENNETT	3535 EAST COAST HWY.	S	CORONA DEL MAR CA	*338904	
h.			000 <u>0</u> 0277 ****57	9901105011	
Note: General partners MAY NO	Γ be changed on this form	n; an amend	lment must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my set.	th Section 119.07(3)(k) in the event that the infe	ormation supplied is	deemed exempt from public access, I further	or certify that the information indicated on	

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 ceth. I further certify that I am a General Partner of the limited partnership, receiver or trustee
	empowered to execute this report as required by charter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number