

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**  
 98 DEC 22 PM 1:44  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # <b>A27966</b>
<b>BUCHWHITE PROPERTIES, A CALIFORNIA LIMITED PARTNERSHIP</b>	



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	\$3,482,490.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/17/1997	
City & State	City & State	4. State or Country of Formation	
Zip	Country	CA	
		6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		95-2916008	
		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	10. If changed, new Registered Agent/Office
EASTMAN, DAVID D 318 NORTH MONROE ST. TALLAHASSEE FL 32301	Name <b>EASTMAN, DAVID D</b> Street Address (P.O. Box Number Is Not Acceptable) <b>ONE SARASOTA TOWER</b> Suite, Apt. #, etc. <b>SUITE 500 - TWO NORTH TAMiami TRAIL</b> City <b>SARASOTA</b> FL Zip Code <b>34230</b>

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
JAMES DAVID JENNETT	3535 EAST COAST HWY.S	CORONA DEL MAR CA	000002723890--4 -01/07/99--01102--011 ****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 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 *[Signature]* DATE **12/14/98**

Typed or Printed Name of General Partner Signing Form \_\_\_\_\_ Daytime Telephone Number \_\_\_\_\_

CR2E003 (8/98)