

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 30 PM 4: 27

1. Name of Limited Partnership		1a. DOCUMENT # A28145		98 DEC 30 PM 4: 27	
Gainesville SC Company, Ltd.				001/13	
Mailing Address		Principal Office Address		3. Date Formed or Registered	
7646 N. Lockwood Ridge Rd.		7646 N. Lockwood Ridge Rd.		04-03-89	
Sarasota, FL 34243		Sarasota, FL 34243		3a. Date of Last Report	
2. Mailing Address		2a. Principal Office Address		5a. Capital Contributions as Shown on record.	
1733 W. Fletcher Ave.		1733 W. Fletcher Ave.		2,400,000.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5b. Amount of Capital Contributions in FLORIDA to date:	
Tampa, FL 33612		Tampa, FL 33612		4. State or Country of Formation	
City & State		City & State		FL	
Zip		Zip		6. FEI Number	
Country		Country		58-1841874	
7. Certificate of Status Desired				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)				<input type="checkbox"/> \$8.75 Additional Fee Required	

<p>9. Name and Address of Current Registered Agent</p> <p>Clifford L. Walters 802 11th Street West Bradenton, FL 34205</p>	<p>10. If changed, new Registered Agent/Office</p> <p>Name</p> <p>Street Address (P.O. Box Number Is Not Acceptable)</p> <p>Suite, Apt. #, etc.</p> <p>City</p> <p>FL</p> <p>Zip Code</p>
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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
	Gainesville Corporate, Inc.		1733 W. Fletcher Ave.		Tampa, FL 33612		P94000077794
					8000002745008--1 -01/15/98--01127--002 ****526.25 ****526.25		

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 _____

12-28-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

100/01 CV03682