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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



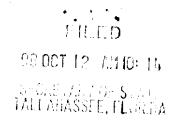
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A29894** 



CAPITAL GAINS PARTNERS	VLTD QQ-AR CM		
Mailing Address 3590 U.S. HWY 17-92 SUITE 101	Principal Office Address 3590 U.S. HWY 17-92 SUITE 101	3. Date Formed or Registered 04/03/1990 38. Date of Lest Report	5a. Capital Contributions as Shown on record. \$345,000.00
2. Mailing Address	28. Principal Office Address	10/21/1997  4. State or Country of Formation FL	5b. Amount of Cepital Contributions in FLORIDA to date:
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State	6, FEI Number 59-3025055	Applied For Not Applicable
Zip Country	Zip Country	7. Certificate of Status Desired  8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office			
		Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code  med limited partnership organized or registered under the laws of the State of Florida, submits this statement orida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered	
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
THE CAPITAL GAINS COMPANY, I	3590 U.S. HWY 17-92 #	LAKE MARY FL 32746	H31939
9		<b>8000026</b> i -10/16/9 ****528	560680 801110005 3.25 ****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 coeffly 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 the report is required by chapter 620, Florida Statutes.

SIGNATURE

J. Remon, My

Phusar

9/18/93

Daytime Telephone Number 800) 816-3116 127. 204

CR2E003 (8/98)