

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 AM 9:05

1. Name of Limited Partnership	1a. DOCUMENT # A30044
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FLORIDA AVENUE STUDIO PARTNERS, LTD.



Mailing Address P.O. BOX 1010 BOCA GRANDE FL 33921	Principal Office Address 1861 PLACIDA ROAD, SUITE 104 ENGLEWOOD FL 34223
2. Mailing Address	2a. Principal Office Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 05/08/1990	5a. Capital Contributions as Shown on record \$275,000.04
3a. Date of Last Report 09/23/1997	5b. Amount of Capital Contributions in FL (FUTA) to date
4. State or Country of Formation FL	
6. FFI Number 65-0191056	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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 information)	

9. Name and Address of Current Registered Agent BATSEL, C. GUY 1861 PLACIDA ROAD, SUITE 104 ENGLEWOOD FL 34223	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City Zip Code FL
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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
CHARLOTTE HRBR GROUP, INC	231 DAMFICARE ST.	BOCA GRANDE FL	L47819

01/29/99 01075-0001
***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



Typed or Printed Name of General Partner Signing Form

Terry Seitz

DATE **12/31/98**

Daytime Telephone Number **941 964-0585**

CR25003 (8/98)