

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

MAY 24 PM 5:00

SECRETARY OF STATE



1. Name of Limited Partnership CAMBRIDGE PARTNERS LIMITED PARTNERSHIP		1a. DOCUMENT # A30514	
Mailing Address C/O SUMMIT GROUP OF COMPANIES, INC. 300 SOUTH HARBOR CITY BLVD., SUITE 501 MELBOURNE, FL 32901		Principal Office Address C/O SUMMIT GROUP OF COMPANIES, INC. 300 SOUTH HARBOR CITY BLVD., SUITE 501 MELBOURNE, FL 32901	
2. Mailing Address Suite, Apt. #, etc. <i>25 FIFTH AVE</i>		2a. Principal Office Address Suite, Apt. #, etc. <i>25 FIFTH AVE</i>	
City & State <i>INDIAN LANTIC</i>		City & State <i>INDIAN LANTIC</i>	
Zip Country <i>FL 32903</i>		Zip Country <i>FL 32903</i>	
3. Date Formed or Registered 08/22/1990		5a. Capital Contributions as Show on record \$499,975.00	
3a. Date of Last Report 01/05/1998		5b. Amount of Capital Contributions in FLORIDA to date <i>499,975</i>	
4. State or Country of Formation FL		6. FEI Number 59-3031865 <input type="checkbox"/> Applied For <input 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 fee information)	

9. Name and Address of Current Registered Agent FRESE, GARY B., ESQUIRE FRESE, NASH & TORPY, P.A. 930 SOUTH HARBOR CITY BLVD., #505 MELBOURNE, FL 32901	10. If changed, new Registered Agent/Office Name <i>Richard Parker</i> Street Address (P.O. Box Number is Not Acceptable) <i>25 FIFTH AVE</i> Suite, Apt. #, etc. City <i>INDIAN LANTIC</i> State FL Zip Code <i>32903</i>
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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) *[Signature]* DATE *4/1/99*

**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) SUMMIT PARTNERS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2005 HARBOR CITY BLVD <i>25 FIFTH AVE</i>	11b. City, State & Zip Code MELBOURNE FL <i>INDIAN LANTIC, FL 32903</i>	11c. Registration/Document Number 188326 <i>[Signature]</i> 600002898226--1 -06/02/99--01036--017
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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 *4/1/99*
Typed or Printed Name of General Partner Signing Form *Richard Parker, CEO* Daytime Telephone Number *407-724-2303*

CR2E003 (12/98)