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 # A30558 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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September Sept		A30330					
Making Address Principal Office Address Set0 CENTER ST Set0 CENTER	THE FAIRWAYS GROUP OF D PARTNERSHIP	DELAWARE LIMITED					
SUITE 300 MANASSAS VA 20110 SUITE 300 MANASSAS VA 20110 SUITE 300 MANASSAS VA 20110 Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State Country Zip Country Zip Country Zip Country Zip Country Tip Countr	Mailing Address	Principal Office Address		<u> </u>		5a. Capita Show	al Contributions as
2. Mailing Address 2. Principal Office Address DE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City City City City City City City City	SUITE 300	SUITE 300			3a. Date of Last Report	•	
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Zip Country Zip Country 8, Make check payable to: Dept. of Stata (See reverse side for fee Information of State (See reverse side for fee Information State State (See reverse side for fee Information State (See reverse side for fee Informat					54-1534085	Applied For Not Applicable	
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Suite, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this state of for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of register agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Seah General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & Zip Code 11c. Registration/Document Numb. THE FAIRWAYS GROUP ASSOCIATE 9540 CENTER ST., SUIT MANASSAS VA 22110 G93138900038	Zip Country	Zip	Zip Country				
Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code 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 state 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 register agent. I am familiar with, and accept the obligations of section 620,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Address of Each General Partner) THE FAIRWAYS GROUP ASSOCIATE 9540 CENTER ST., SUIT MANASSAS VA 22110 G93138900038	9. Name and Address of Currer	nt Registered Agent			10. If changed, new Registered	Agent/Office	
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 state 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 register agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration/Document Numbro THE FAIRWAYS GROUP ASSOCIATE 9540 CENTER ST., SUIT MANASSAS VA 22110 G93138900038 70001270111067-004 ******141.25 *******141.25	1200 S. PINE ISLAND ROAD		Streat Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code				
### MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) THE FAIRWAYS GROUP ASSOCIATE 9540 CENTER ST., SUIT MANASSAS VA 22110 G93138900038 710101271111671 -12/03/98111006-004 *****141.25 *****141.25	for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Floridi is of section 620.192, Florida Statutes.	a, Such chang	ge was auth	orized by its general partner(s), i hereb DATE	State of Florid accept the ap	pointment of registered
11. Name(s) of General Partner(s) 11a. (Do NOT Use Post Office Box Numbers) THE FAIRWAYS GROUP ASSOCIATE 9540 CENTER ST., SUIT MANASSAS VA 22110 G93138900038 7 0000027 011067 (-12/03/9801006004 *****141.25 *****141.25	A GENERAL PARTNER THAT MUS	T BE REGISTERED AND	O ACTIV	PART E WIT	NERSHIP OR OTHE IH THIS OFFICE.	R BUSI	
7000270:1067(-12/03/9801006004 ****141.25 ****141.2	11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office Box	Partner (Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number
	THE FAIRWAYS GROUP ASSOCIATE	E FAIRWAYS GROUP ASSOCIATE 9540 CENTER ST., SUIT		MANASSAS VA 22110		G93138900038	
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partre. 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							

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 chaptey620, Florida Statutes.

SIGNATURE	
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President & CEO

Doutime Telephone Number

ne Number 703-330-5300