

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 AM 8:05

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1. Name of Limited Partnership BAY WEST, LTD.		1a. DOCUMENT # A30567	
Mailing Address 1743 INDEPENDENCE BLVD. UNIT D-6 SARASOTA FL 34234	Principal Office Address 1743 INDEPENDENCE BLVD. UNIT D-6 SARASOTA FL 34234	3. Date Formed or Registered 09/05/1990	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/04/1997	
2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		4. State or Country of Formation FL	
		5a. Capital Contributions as Shown on record. \$0.00	
		5b. Amount of Capital Contributions in FLORIDA to date: - 0 -	
		6. FEI Number 65-0216981	
		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 BUNNELL, DORIS A. 608-15TH STREET WEST BRADENTON FL 34205	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) GILL INV. INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1743 INDEPENDENCE BLV	11b. City, State & Zip Code SARASOTA FL	11c. Registration/ Document Number L74566
600002720116--3 -12/23/98--01008--004 ****141.25 ****141.25.			

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

DATE

Typed or Printed Name of General Partner Signing Form

JORDAN E. GILLMAN

Daytime Telephone Number

941 355 5683

CR2E003 (8/98)