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

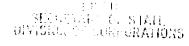
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # **A31391**



99 MAR 15 AMII: 26

	A31391	A31391					
SEVENTH AVENUE NO	RTH MEDICAL BUILDING,	LIMITED					
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a . ç	apital Contributions as	
-			-	04/04/1991 3a. Date of Last Report	\$500,000.00		
NAPLES FL 34105				06/08/1998	1 Conti	unt of Capital ributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation FL	to da	te	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FE) Number 65-6073623	Applied For Not Applicable		
City & State	City & State		}.	7. Certificate of Status Desired		· 	
Zip Country	Zip	Country		Make check payable to Dept. of	State (See rev	\$8.75 Additional Fee Required terse side for fee informati	
			1 '				
9. Name and Address	s of Current Registered Agent	Name		10. If changed, new Registered	Agent/Office		
SIKET, ANDREW G 2640 GOLDEN GATE PARKWAY NAPLES FL 34105	GOLDEN GATE PARKWAY, SUITE 315 Street Address (P.O. Box Number is Not Acceptable 1937/23/19) - 101037		(1216;				
		City			FI	Zıp Code	
for the purpose of changing its registerr agent. I am familiar with, and accept th SIGNATURE (Registered Agent Accepting Appo	THAT IS A CORPORATION	orida Such Chang	PARTI	ized by its general partner(s). There	by accept the a	appointment of registered	
	MUST BE REGISTERED A	ND ACTIV	VE WIT	H THIS OFFICE.	·····	Registration/	
11. Name(s) of General Partner(s)	11a. Address of Each Gene	Box Numbers)	11b.	City, State & Zip Code	11c.	Document Number	
SANMB, INC.	C/O ANDREW SIKET	C/O ANDREW SIKET 2640		NAPLES FL 34105		P97000093771	
				N			
• •				3/15/99			
Note: General partners MA	AY NOT be changed on this for	rm; an am	endmen	t must be filed to ch	ange a g	eneral partner	
12. I do hereby certify that the information sup	polied with this filing is voluntarily furnished and does no	ot qualify for the ex	remption state	d in Section 119 07(3)(k) Florida St	atutes I releas	e the Division of Corporati	
from any liability of non-compliance with S is true and accurate and that my signature execute this report as required by chartel	Section 119 (V(k)(k) in the event that the information si e sha (have the same legal effects as if made under o 1520 (Plorida statutes.	upplied is deemed ath. (further certify	exempt from p y that I am a C	public access. I further certify that the Seneral Partrier of the limited partne	ie information li rship, receiver	ndicaled on this annual rej or trustee empowered to	

Daytime Telephone Number