

**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
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FILED
MAY -3 PM 5:00

SECRETARY OF STATE



1. Name of Limited Partnership GELS INVESTMENT COMPANY, LTD.	1a. DOCUMENT # A31932
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Mailing Address 4525 GULF OF MEXICO DRIVE, APT. 403 LONGBOAT KEY FL 34228	Principal Office Address 4525 GULF OF MEXICO DRIVE, APT. 403 LONGBOAT KEY FL 34228
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 09/03/1991	5a. Capital Contributions as Shown on record \$563,252.00
3a. Date of Last Report 04/16/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FCI Number 65-0282348	
<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 fee information) \$26.25	

9. Name and Address of Current Registered Agent PHILLIPS, GERALDINE 4525 GULF OF MEXICO DRIVE, APT. 403 LONGBOAT KEY FL 34228	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City, State, 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) *Geraldine Phillips* DATE *4/13/99*

**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) PHILLIPS, GERALDINE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4525 GULF OF MEXICO D	11b. City, State & Zip Code LONGBOAT KEY FL 34228	11c. Registration/Document Number 400002873244--0 -05/13/99--01009--009 ****526.25 ****526.25
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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 *Geraldine Phillips* DATE *4/29/99*
 Typed or Printed Name of General Partner Signing Form *Geraldine Phillips* Daytime Telephone Number

CR2E003 (12/98)