

**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
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FILED

99 APR -7 AM 11: 24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership SECOND CUMBERLAND AVENUE PARTNERS, LTD.	1a. DOCUMENT # A32242
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Mailing Address % H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA FL 33602	Principal Office Address % H. DEAN ROWE 100 EAST MADISON STREET, SUITE 200 TAMPA FL 33602
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 11/13/1991	5a. Capital Contributions as Shown on record \$164,765.00
3a. Date of Last Report 04/10/1998	5b. Amount of Capital Contributions in FLORIDA to date 164,765.00
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 59-3095118	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired <input type="checkbox"/>	8. Make check payable to Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent ROWE, H. DEAN 100 MADISON STREET, SUITE 200 TAMPA FL 33062
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10. If changed, new Registered Agent/Office Name RICK D. ROWE Street Address (P.O. Box Number Is Not Acceptable) 100 MADISON STREET Suite, Apt. #, etc. SUITE 200 City TAMPA, FL Zip Code FL 33602

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 **4.6.99**
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) ROWE INVESTMENTS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 MADISON STREET #2	11b. City, State & Zip Code TAMPA FL	11c. Registration/Document Number M75464 000002837090--6 -04/12/98--01144--015 ****526.25 ****526.25 <i>Sc 4-9-99</i>
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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 <i>[Signature]</i> Typed or Printed Name of General Partner Signing Form Rick Rowe	DATE 4.6.99 Daytime Telephone Number 813.22.8771
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CR2E003 (8/98)