

**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 10:04

1. Name of Limited Partnership GATOR DADELAND PARTNERS, LTD.		1a. DOCUMENT # A32550	
Mailing Address 2250 N.E. 163RD STREET, SUITE 6 NORTH MIAMI BEACH FL 33160	Principal Office Address 2250 N.E. 163RD STREET, SUITE 6 NORTH MIAMI BEACH FL 33160	3. Date Formed or Registered 02/06/1992	5a. Capital Contributions as Shown on record. \$9,800.00
2. Mailing Address 1595 NE 163rd Street	2a. Principal Office Address 1595 NE 163rd Street	3a. Date of Last Report 12/10/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number <input type="checkbox"/> Applied For 65-0318766 <input type="checkbox"/> Not Applicable
City & State North Miami Beach, FL	City & State North Miami Beach, FL	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)
Zip Country 33162 USA	Zip Country 33162 USA		



9. Name and Address of Current Registered Agent GOLDSMITH, JAMES A 2250 N.E. 163 ST. STE. #6 N. MIAMI BEACH FL 33160	10. If changed, new Registered Agent/Office Name JAMES A. GOLDSMITH Street Address (P.O. Box Number is Not Acceptable) 1595 NE 163rd Street Suite, Apt. #, etc. City North Miami Beach FL Zip Code 33162
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GATOR DIXIE, INC.	2250 N.E. 163RD ST., 1595 NE 163rd Street	NORTH MIAMI BEACH FL North Miami Beach, FL	V00721

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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 _____ DATE **12/04/98**
Typed or Printed Name of General Partner Signing Form **JAMES A. GOLDSMITH** Daytime Telephone Number **305-949-9049**

CR2E003 (8/98)