

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 DIXIE PARTNERS, LTD.		1a. DOCUMENT # A33458	
Mailing Address 2250 NE 163RD STREET STE. 0 NORTH MIAMI BCH FL 33160	Principal Office Address 2250 NE 163RD STREET STE. 0 NORTH MIAMI BCH FL 33160	3. Date Formed or Registered 09/23/1992	5a. Capital Contributions as Shown on record. \$10,000.00
2. Mailing Address 1595 NE 163rd Street Suite, Apt. #, etc.	2a. Principal Office Address 1595 NE 163rd Street Suite, Apt. #, etc.	3a. Date of Last Report 12/11/1997	5b. Amount of Capital Contributions in FLORIDA to date:
City & State North Miami Beach	City & State North Miami Beach,	4. State or Country of Formation FL	6. FEI Number 65-0359329 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33162 Country USA	Zip 33162 Country USA	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 GOLDSMITH, JAMES A. 2250 N.E. 163 ST. #0 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 Zip Code FL 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 ASHLEY, INC.	2250 NE 163RD ST. STE 1595 NE 163rd Street	NORTH MIAMI BCH FL North Miami Beach, FL	V63180

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******158.75 ****158.75**

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)