

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 15 PM 12:54
with
12/22

1. Name of Limited Partnership GOOSE POND GROVE, LTD.	1a. DOCUMENT # A92000000206
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Mailing Address P. O. BOX 719 GLEN ECHO MA 20812	Principal Office Address P. O. BOX 719 GLEN ECHO MA 20812	3. Date Formed or Registered 12/22/1992	5a. Capital Contributions as Shown on record. \$99,000.00
		3a. Date of Last Report 12/02/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	4. State or Country of Formation FL	
		6. FEI Number 54-1645808	<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)			

9. Name and Address of Current Registered Agent WALDE, WILLIAM L 233 BARTON AVENUE PALM BEACH FL 33480
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City State: FL Zip Code

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.

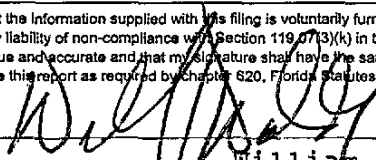
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE **12/8/98**

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) WALDE, WILLIAM L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2335 S OCEAN BLVD	11b. City, State & Zip Code PALM BEACH FL 33480	11c. Registration/Document Number 000002720730--7 -12/23/98--01050--012 ****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  DATE **12/8/98**
 Typed or Printed Name of General Partner Signing Form **William L. Walde** Daytime Telephone Number **301-320-9595**

CR2E003 (8/98)