FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

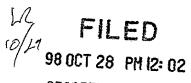


FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership



SECRETARY OF STATE

THE BRIDLEWAY PARTNERS, LTD.							
Mailing Address 17270 BRIDLEWAY TRAIL BOCA RATON FL 33496	Principal Office Address 17270 BRIDLEWAY TRAIL BOCA RATON FL 33496			3. Date Formed or Registered 07/28/1993 3a. Date of Last Report 12/10/1997 5a. Capital Contributions a Shown on record. \$460,000.00		460,000.00	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 06-1359890		Applied For Not Applicable	
Zip Country	Zip			7. Certificate of Status Desired \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)		ın)	
9. Name and Address of Current F	Pagistared Agent	 		10. If changed, new Registered	AcontiOffice		
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code d limited partnership organized or registered under the laws of the State of Florida, submits this statement da. Such change was authorized by its general partner(s). I hereby accept the appointment of registered					
SIGNATURE (Registered Agent Accepting Appointment)		 _		DATE			<u>-</u>
A GENERAL PARTNER THAT I	S A CORPORATION, L BE REGISTERED AN	IMITED P D ACTIVE	'ARTI E WIT	NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY	⁷
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office 80	Partner 1	1b.	City, State & Zip Code	11c.	Registration/ Document Number	
FELDMAN, JEANNE C	100 100 000 000 000 000 000		PITTSFORD NY 14534				CR2E003 (8/98)
		4,		100002E -11/03/ ****52	795 9801 96.25	:215 036002 ****526.25	
Note: General partners MAY NOT	be changed on this form	n; an amen	dmer	it must be filed to cha	nge a g	eneral partner.	\neg
1 do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S	filing is voluntarily furnished and does not	qualify for the exer	mption sta	ated in Section 119.07(3)(k), Florida St	atutes. I releas	se the Division of	

this annual report is true and accurate and that my signature shall have the sam empowered to execute this report as required by chapter 620, Florida Statutes.

Sli	GN	ΔΤΙ	IRF

Typed or Printed Name of General Partner Signing Form