

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

97 DEC 31 PM 12:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  PINELLAS NORTHSIDE PARTNERS, LTD.	<b>1a. DOCUMENT #</b> <b>A93000001137</b>
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<b>Mailing Address</b> 7243 BRYAN DAIRY ROAD LARGO FL 34647	<b>Principal Office Address</b> % % GARCIA ENTERPRISES, INC. CLEARWATER FL 33602	<b>3. Date Formed or Registered</b> 11/03/1993	<b>5a. Capital Contributions as Shown on record.</b> \$1,000,000.00
<b>2. Mailing Address</b> Hill, Ward & Henderson Suite, Apt. #, etc. PO Box 2231 City & State Tampa, FL Zip Country 33601-2231 USA		<b>3a. Date of Last Report</b> 12/30/1996	
<b>2a. Principal Office Address</b> 101 E. Kennedy Blvd Suite, Apt. #, etc. Suite 3700 City & State Tampa, FL Zip Country 33602 USA		<b>4. State or Country of Formation</b> FL	
		<b>6. FEI Number</b> 59-3212454	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		<b>7. Certificate of Status Desired</b>	
		<input type="checkbox"/> \$8.75 Additional Fee Required	
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b>  GARCIA, MARTIN L 101 E. KENNEDY BLVD., SUITE 3700 TAMPA FL 33602	<b>10. If changed, now Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL
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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
NEW PINELLAS NORTHSIDE GENER	15950 BAY VISTA DR #2	CLEARWATER FL 33602	A94000001812

400002401464--5  
-01/15/98--01048--006  
\*\*\*\*541.25 \*\*\*\*541.25

**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 12/24/97  
 Typed or Printed Name of General Partner Signing Form: Martin L. Garcia Telephone Number: 833 535-0772

CR2E003 (6/97)