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

a. DOCUMENT # A94000000219

FILED 98 DEC 31 PM 4: 30 SECRETARY OF STATE

TALLAHASSEE, FLORIDA													

LECESSE WICKHAM ASSOCIATI										
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capita	Il Contributions as n on record.	7				
1412 WEST COLONIAL DRIVE ORLANDO FL 32804	1412 WEST COLONIAL DRIVE ORLANDO FL 32804		02/23/1994 3a. Date of Last Report 01/12/1998	\$493,000.00 5b. Amount of Capital Contributions in FLORIDA to date:						
2. Mailing Address DDJ Lee Road		ad	4. State or Country of Formation	to dat	ə:					
Suite Apt,#, etc.	Suite, Apt. #-eto 28 City & State	$\overline{\alpha}$	6. FEI Number 59-3227982		Applied For Not Applicable					
232789 Country USA	Zig 32789 Country	SA	7. Certificate of Status Desired 8. Make check payable to: Dept. of S	tate (See reve	\$8.75 Additional Fee Required					
C. Name and Address of Compatible	a listance of America		10 If changed your Popietored	Agost (Office		7				
9. Name and Address of Current Re COSCIA, JACQUELINE 1412 WEST COLONIAL DRIVE ORLANDO FL 32804	Name Street Add Suite, App.	CAC O	10. If changed, new Registered Agent/Office							
	City	Inh	28 er Park	FL	Zip 350789					
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 DATE DATE A GENERAL PARTNER THAT IS/A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY										
MUST	BE REGISTERED AND ACTI	VE WIT	TH THIS OFFICE.		Registration/	4				
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers)	11b.	City, State & Zip Code	11c.	Document Number	- -				
CAMBRIDGE WICKHAM, INC.	1412 WEST COLONIAL DR	ORI	ANDO FL 32804 70002 -01/20/ ****52	74 72 3901	000007395 2 アマー ー 1 028008 *****526.25	CR2E003 (8/98)				
Note: Conoral partners MAV NOT h	a changed on this forms on an	andma	nt must he filed to she	nge 2 gr	anaral narinar					
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 fannual 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 employered to execute this report as required by chapter 620, Florida Statutes.										

SIGNATURE. Typed or Printed Name of General Partner Signing Form