

**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
99 JUN 15 PM 4:32
TALLAHASSEE
FLORIDA



1. Name of Limited Partnership: NEWPORT PARTNERS XIII, LTD.		1a. DOCUMENT # A94000001498	
Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746	Principal Office Address 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746		
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		

3. Date Formed or Registered 11/08/1994	5a. Capital Contributions as Shown on record \$193,000.00
3a. Date of Last Report 12/16/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FLE Number 59-3279708	<input type="checkbox"/> Applied For <input 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 CAHALL, PETER S 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746		10. If changed, new Registered Agent/Office Name: Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City 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): 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) NEWPORT PARTNERS XIII, LTD. Newport Partners, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 300 INTERNATIONAL PAR	11b. City, State & Zip Code HEATHROW FL 32746	11c. Registration Document Number V34000081797 V35049

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

Typed or Printed Name of General Partner Signing Form

DATE

Daytime Telephone Number

CR2E003 (8/98)