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 # **A94000001514**

FILED 98 DEC 31 PM 4: 30



TIMOSHENKO FAMILY PARTNERSHIP, LTD.							
Mailing Address 12690 PLYMOUTH DRIVE SARATOGA CA 96070	Principal Office Address 3630 GULF OF MEXICO DRIVE LONGBOAT KEY FL 34228			3. Date Formed or Registered 11/10/1994 3a. Date of Last Report 12/16/1997	5a. Capital Contributions as Shown on record. \$4,356,000.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to da	356,000.00	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 65-0564969		Applied For Not Applicable	
Zip Country	Zip	Country	L	7. Certificate of Status Desired 3. Make check payable to: Dept. of	State (See rev	\$8.75 Additional Fee Required	in)
9. Name and Address of Current Re	'			10. If changed, new Registered	i Agent/Office		
KUTCH, STEPHANIE T 3630 GULF OF MEXICO DR., #101B LONGBOAT KEY FL 34228-2830		Name Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. City					
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 MUST	S A CORPORATION, L BE REGISTERED ANI	IMITED D ACTIV	PARTN E WITH	IERSHIP OR OTHE THIS OFFICE.	R BUSI	NESS ENTIT	-
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box	Partner (Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	\neg
KUTCH, STEPHANIE T	12690 PLYMOUTH DRIVE	=======================================		TOGA CA 95070			CR2E003 (8/98)
	. Ita	: · · · · · · · · · · · · · · · · · · ·	= ' ·	700002` -01718, ****\$3	745 /98-0	1874 1001010 *****535.80	CR2E
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.							

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	teliania J. Kutch	DATE 1/10/98
Typed or Printed Name of General Partner Signing Form	Stephanie T. Kutch	Daytime Telephone Number <u>(408)</u> 3.53-3331