


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 MANATEE PARTNERS, LIMITED PARTNERSHIP		1a. DOCUMENT # A94000001580	
Mailing Address 1900 SUNSET HARBOUR.. PH-2 MIAMI BEACH FL 33139	Principal Office Address 1900 SUNSET HARBOUR.. PH-2 MIAMI BEACH FL 33139		
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 11/17/1994		5a. Capital Contributions as Shown on record. \$10,000.00	
3a. Date of Last Report 10/28/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 65-0536856 <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)	

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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9. Name and Address of Current Registered Agent HAMMER, JACK T 7133 BAY DRIVE, PENTHOUSE NUMBER 4 MIAMI BEACH FL 33141		10. If changed, new Registered Agent/Office Name HAMMER, JACK T. Street Address (P.O. Box Number Is Not Acceptable) 1900 SUNSET HARBOUR DRIVE Suite, Apt. #, etc. PH-2 City MIAMI BEACH FL Zip Code 33139	
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. ADDRESS CHANGE ONLY			
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) MANATEE CAPITAL CORP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7133 BAY DRIVE, PENTH	11b. City, State & Zip Code MIAMI BEACH FL 33141	11c. Registration/ Document Number P94000008671
7000002677017--5 -10/30/98--01078--004 ****158.75 ****158.75			

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 **10/21/98**

Typed or Printed Name of General Partner Signing Form

Douglas C. Travers Pres of GC

Daytime Telephone Number

(904) 952-2233

CR2E003 (8/98)