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
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 MAY 14 PM 3:13
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership

GUGEL EASTCOAST LIMITED PARTNERS

1a. DOCUMENT # A95000001082

Mailing Address	Principal Office Address
6039 Cypress Gardens blvd. Suite 244 Winter Haven, Fl 33884	SAME

3. Date Formed or Registered: 7-17-95

3a. Date of Last Report: 12/31/97

4. State or Country of Formation: FL

5a. Capital Contributions as Shown on record: $1,000.00

5b. Amount of Capital Contributions in FLORIDA to date:

2. Mailing Address	**2a.** Principal Office Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

6. FEI Number: 59-3338746 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$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	**10.** If changed, new Registered Agent/Office
Donald Gugel 118 Village Rd. Winter Haven, Fl 33880	Name: Gugel Management ,Inc Street Address (P.O. Box Number Is Not Acceptable): 6039 Cypress Gardens Blvd, Suite, Apt #, etc.: Suite 244 City: Winter Haven **FL** Zip Code: 33884

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) Donald Gugel V.President DATE 5-12-99

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
Gugel Management Corp. 6039 Cypress gardens Winter Haven, Fl 33884			P95000054570

000002886056 - - 0
-05/25/99 - -01074 - -006
****141.25 ****141.25

CR2E003 (8/98)

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 Donald C. Gugel DATE 4-26-99

Typed or Printed Name of General Partner Signing Form: DONALD GUGEL Daytime Telephone Number: 1-800-944