FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

BELLEAIR PINES LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000001277

98 NOV 19 AM 11: 15



			1 100 (E)				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.			
2554 OAK TRAIL SOUTH	2554 OAK TRAIL SOUTH CLEARWATER FL 33764		08/29/1995				
CLEARWATER FL 33764			3a. Date of Last Report				
		11/17/1997		5b. Amount of Capital Contributions in FLORIDA			
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:			
E. Maining Address	Za. Principal Office Address		FL				
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For			
City & State	City & State		59-3335737	Not Applicable			
Zip Country	Zlp Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required			
2.p Country			8. Make check payable to: Dept. of	8. Make check payable to: Dept. of State (See reverse side for fee information)			
9. Name and Address of Current Re	9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office						
ASTUTO, ANGELO 2554 OAK TRAIL SOUTH CLEARWATER FL 34624-6895		Name					
		Street Address (P.O. Box Number Is Not Acceptable)					
		Suite, Apt, #, etc.					
CELARWATER I'E 34024-0033	1021-0033		City Zip Code				
		City		FL Zp 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)			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)	11a. Address of Each General	Partner	11b. City, State & Zip Code	11c. Registration/ Document Number			
CONVENIENT OAKS, INC.	2554 OAK TRAIL SOUTH		CLEARWATER FL 34624-6	\$63240 (85)31 EUGL			
- * :			1000026 -11/24/ ****52	952910 9801050004 6.25 ****526.25			

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.

S	GN	IATU	JRE	_

KELO ASTUTO