


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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 30 AM 8:40

1. Name of Limited Partnership	1a. DOCUMENT # A95000001448
BAYSHORE INVESTORS I, LTD.	



01/14

Mailing Address 7826 COOPER ROAD CINCINNATI OH 45242	Principal Office Address 7826 COOPER ROAD CINCINNATI OH 45242	3. Date Formed or Registered 09/27/1995	5a. Capital Contributions as Shown on record. \$99.00
		3a. Date of Last Report 12/30/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3354113	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MCGRATH, GREGORY 28050 U.S. HIGHWAY, 19 NORTH SUITE 301 CLEARWATER FL 34621	10. If changed, new Registered Agent/Office Name A Street Address (P.O. Box Number is Not Acceptable) 4561 Gulf of Mexico DR. #101 Suite, Apt. #, etc. Longboat Key, FL City 34228 State FL Zip Code
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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 **12-28-98**

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
REI ADVISORS, INC.	28050 U.S. HIGHWAY 19 7826 Cooper Road	CLEARWATER FL 34621 Cincinnati, OH 45242	G80741
500002748895--1 -01/21/99--01008--001 ***1800.00 ****150.00			

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 **12/22/98**

Typed or Printed Name of General Partner Signing Form

GREGORY K. MCGRATH

Daytime Telephone Number

513-984-5001

CR2E003 (8/98)