

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 NOV 23 AM 11:36

umth
11/25

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001859

5835 BLUE LAGOON PARTNERS, LTD.



Mailing Address
150 SE 2ND AVE.
MIAMI FL 33131

Principal Office Address
150 SE 2ND AVE.
MIAMI FL 33131

3. Date Formed or Registered
11/29/1995

5a. Capital Contributions as Shown on record.
\$1,500,000.00

3a. Date of Last Report
09/18/1997

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

4. State or Country of Formation
FL

6. FEI Number
65-0627606

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)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc. **#1301**

Suite, Apt. #, etc. **#1301**

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

BAKER, RONALD G
4675 PONCE DE LEON BLVD. #301
CORAL GABLES FL 33146

10. If changed, new Registered Agent/Office

Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City **FL** Zip 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 (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
C W S CAPITAL MANAGEMENT III	150 SE 2ND AVE.	MIAMI FL 33131	P95000075820

500002702605--8
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*****535.00 *****535.00

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

David Cox

DATE

11/19/98

Typed or Printed Name of General Partner Signing Form

David Cox

Daytime Telephone Number

305-373-2164

CR2E003 (8/98)