

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
99 JUN 15 PM 4:31

NEWPORT PARTNERS XXIV, LTD.



1. Name of Limited Partnership		1a. DOCUMENT # A96000000923	
NEWPORT PARTNERS XXIV, LTD.			
Mailing Address	Principal Office Address		
300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746	300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country		

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
05/17/1996	\$437,332.50
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
12/16/1997	
4. State or Country of Formation	
FL	
6. FLL Number	☐ Applied For ☐ Not Applicable
59-3383843	
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
CAHALL, PETER S 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746	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). Thereby 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
NEWPORT PARTNERS XXIV, INC. Newport Partners, Inc.	300 INTERNATIONAL PAR	HEATHROW FL 32746	A96000000923 V35049

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 12/1/97
Typed or Printed Name of General Partner Signing Form: Peter Cahall
Daytime Telephone Number: 407-338-3400

CR2E003 (8/98)