

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. Northam Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB 15 AM 3:14

1. Name of Limited Partnership ALBEE ROAD LIMITED PARTNERSHIP	1a. DOCUMENT # A96000001032 <i>gg-ABM</i>
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Mailing Address 820 ALBEE ROAD, #6 NOKOMIS FL 34275	Principal Office Address 820 ALBEE ROAD, #6 NOKOMIS FL 34275	3. Date Formed or Registered 05/28/1996	5a. Capital Contributions as Shown on record. \$629,000.00
		3a. Date of Last Report 05/08/1998	5b. Amount of Capital Contributions in FLORIDA to date: 629,000 -
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 65-0816430	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired	
Zip	Country	<input type="checkbox"/> \$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 JOHNSTON, CHARLES M ESQ. JOHNSTON AND HAMMOND 200 WEST FORSYTH STREET, STE. 1730 JACKSONVILLE FL 32202	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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3000002784379-7
-02/23/99--01045--008
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
GIULIANI, JOSEPH A GIULIANI, PHILIP W	1136 RUISDALE CIRCLE 426 CROSS STREET	NOKOMIS FL 34275 N. FORT MYERS FL 3390	

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 *Joseph A. Giuliani* DATE 12/30/98
 Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 941-484-9580

CR2E003 (8/98)