

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

99 APR 14 PM 2:30

SECRET
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A96000001160
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GAINESVILLE ENTERTAINMENT PROPERTY LIMITED
PARTNERSHIP



Mailing Address 104 WEST ANAPAMU STREET, SUITE G SANTA BARBARA CA 93101		Principal Office Address 104 WEST ANAPAMU STREET, SUITE G SANTA BARBARA CA 93101		3. Date Formed or Registered 06/20/1996	5a. Capital Contributions as Shown on record \$361,350.00
2. Mailing Address 18300 Van Korman Ave. Suite, Apt. #, etc. Suite 900 City & State Irvine, CA Zip 92612 USA		2a. Principal Office Address 18300 Van Korman Ave. Suite, Apt. #, etc. Suite 900 City & State Irvine, CA Zip 92612 USA		3a. Date of Last Report 12/10/1997	5b. Amount of Capital Contributions in FLORIDA to date
				4. State or Country of Formation FL	
				6. FEI Number 58-2252807	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
				7. Certificate of Status Desired <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 CT CORPORATE SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 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:

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) GAINESVILLE ENTERTAINMENT, L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 104 WEST ANAPAMU STRE	11b. City, State & Zip Code SANTA BARBARA CA 9310	11c. Registration/ Document Number L96000000685
000002849890--5 -04/23/89--01032--015 ****526.25 ****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.

SIGNATURE

William L. Rameson

DATE

11/13/98

Typed or Printed Name of General Partner Signing Form William L. Rameson

Daytime Telephone Number (941) 261-0404

CR2E003 (8/98)