

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. McRtham Secretary of State DIVISION OF CORPORATIONS
---	--

FILED

99 FEB 11 AM 11:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership HIDDEN BAY AT OSPREY, LTD.	1a. DOCUMENT # A96000001252
--	--

Mailing Address 210 HIDDEN BAY DRIVE OSPREY FL 34229	Principal Office Address 210 HIDDEN BAY DRIVE OSPREY FL 34229	3. Date Formed or Registered 07/02/1996	5a. Capital Contributions as Shown on record. \$499.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 65-0682104 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent PATTERSON, JOHN 46 NORTH WASHINGTON BLVD., #1 SARASOTA FL 34236	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
--	---

7008023799-80817020-7
****141.25 ****141.25
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) STONE OSPREY, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2 NORTH TAMiami TRAIL	11b. City, State & Zip Code SARASOTA FL 34236	11c. Registration/ Document Number P96000042808
---	--	--	--

SC
2-16-99

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

Typed or Printed Name of General Partner Signing Form

H. DIETER GEIBHARD, V.P. OF STONE

Daytime Telephone Number

941

CR2E003 (8/98)