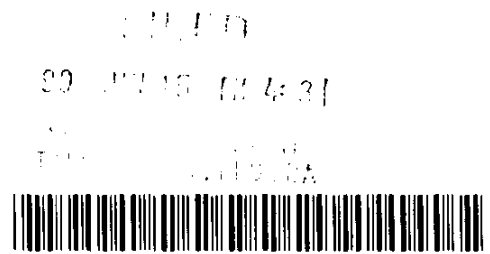


**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

1. Name of Limited Partnership NEWPORT PARTNERS XXIX, LTD.		1a. DOCUMENT # A96000001265
Mailing Address 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746	Principal Office Address 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746	
2. Mailing Address Suite, Apt #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt #, etc. City & State Zip Country	

3. Date Formed or Registered 07/03/1996	5a. Capital Contributions as Shown on record \$332,640.00
3a. Date of Last Report 12/16/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 59-3391014	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired	8. Make check payable to Dept. of State (See reverse side for fee information)



9. Name and Address of Current Registered Agent CAHALL, PETER B 300 INTERNATIONAL PARKWAY, SUITE 270 HEATHROW FL 32746	Name Street Address (P.O. Box Number Is Not Accepted) Suite, Apt #, etc. City Zip Code FL
--	---

10. If changed, new Registered Agent Office

Handwritten signature and date: 1/2/98

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) NEWPORT PARTNERS XXIX, INC. Newport Partners, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 300 INTERNATIONAL PAR	11b. City, State & Zip Code HEATHROW FL 32746	11c. Registration Document Number A96000050800 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(1)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(1)(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 *12/1/98*

Typed or Printed Name of General Partner Signing Form: *Peter B. Cahall* Daytime Telephone Number: *407-333-0905*

CR2E003 (8/98)