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

FLORIDA DEPARTMENT OF STATE LIMITED PARTNERSHIP Sandra B. Mortham FILED ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 98 DEC 24 AM 10: 23 **DOCUMENT#** 1. Name of Limited Partnership SECRETARY OF STATE A96000001608 TALLAHASSEE, FLORIDA BEAVER/FRUITVILLE LIMITED PARTNERSHIP 3. Date Formed or Registered Capital Contributions as Shown on record. Mailing Address Principal Office Address 08/30/1996 225 AVANT AVENUE 225 AVANT AVENUE \$475,100.00 SARASOTA FL 34232 SARASOTA FL 34232 3a. Date of Last Report 12/26/1997 5b. Amount of Capital Contributions in FLORIDA 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address 0,001 25 H Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable 65-0693796 City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Zip Country Country 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 SIMMONS, GERALD C Street Address (P.O. Box Number is Not Acceptable) 225 AVANT AVENUE Suite, Apt. #, etc. SARASOTA FL 34232 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) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code Document Number BEAVER/FRUITVILLE L.C. 225 AVANT AVENUE SARASOTA FL 34232 L96000000907 400002740364--4 -01/14/33--01012--016

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 cath. 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		1
Typed or Printed Name o	f General Partner Sign	ing Form

ald C Dimmons

Daytime Telephone Number 941.371.4360

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