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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



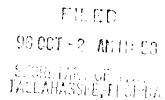
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Name of Limited Partnership

DOCUMENT# A96000001918



A900000018		310			
THE FAIRE HARBOUR LIMITE) PARTNERSHIP	99	AR M		
Malling Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
-18746-MANDARIN ROAD JACKBONVILLE-FL-82220	49746 MANDARIN ROAD JAGKGONVILLE FL 92220			10/14/1996 3a. Date of Last Report 02/05/1998	\$15,000.00
				4. State or Country of Formation	5b. Amount of Cepital Contributions in FLORIDA to date:
2. Mailing Address P.O. Box 189	2a. Principal Office Address 13658 MAN	2a. Principal Office Address 13658 MANDARIH RD		FL	15,000.
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		6. FEI Number	Applied For Not Applicable
ST. AUGUSTING FL	City & State JACKSONVILLE	۴L		59-3385595 7. Certificate of Status Desired	
Zip Country	Zip. 32223	Country			\$8.75 Additional Fee Required Saje (See reverse side for fee information)
				\-\(\frac{1}{2}\).	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office					d Agent/Office
FLORIDA TRUST SERVICES, INC.					
ONE SAN JOSE PLACE, SUITE 17		Street Address (P.O. Box Number Is Not Acceptable)			
JACKSONVILLE FL 32257	Suite, Apt. #, e		#, etc.		
		City	•		FL Zip Code
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or a sgent, I am familiar with, and accept the obligations.	egistered agent, or both, in the State of Flor				
SIGNATURE (Registered Agent Accepting Appointment)				DATE	
A GENERAL PARTNER THAT MUS	IS A CORPORATION, T BE REGISTERED AN	LIMITED ID ACTIV	PART /E WIT	NERSHIP OR OTHE TH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gener	ral Partner lox Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number
MAIER, ALBERT CARL	19740 MANDARIN ROAD	,	JAC	KSONVILLE FL 32223	
MAJER, GAIL ELIZABETH	19740 MANDARIN ROAD		JAC	KSONVILLE FL 32223	
	13658 MAHIDA	MH RD		والمعاور	greet, greet, and greet greeting greet,
		KP		-10/12	66 1970 0 288-01127-019
				乔未来 来』	93.75 ****193.75

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 alguature shall have the same legal effects as if made under oath. I further certify that I am a General Pertner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Figrida Statutes.

SI	GNA	JU	RE

ALBE

MAIER

Daytime Telephone Number 904 325 - 5955