## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

**LIMITED PARTNERSHIP ANNUAL REPORT** 1998



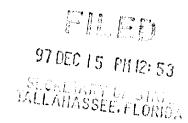
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A96000001974





FOG BEACH LIMITED						
					1/1/17	
Malling Address		Principal Office Address		3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
1745 WEST FLETCHER AVENUE TAMPA FL 33612		1745 WEST FLETCHER AVENUE TAMPA FL 33612		10/23/1996	\$99.00	
				3a. Date of Last Report		
				01/02/1997	5b. Amount of Capital Contributions in FLORIDA	
		100 Di 1 100 All		4. State or Country of Formation	to date:	
2. Mailing Address		28. Principal Office Address		FL	4 99.	
Suite, Apt. #, etc. City & State		Suite, Apt. #, etc.  City & State		6. FEI Number	Applied For Not Applicable	
				59-3404841		
				7. Certificate of Status Desired	\$8.75 Additional	
Zip	Country	Zip Country		8 Make sheet, nevertile to: Danie of	Fee Required      Required      Required      Required      Required	
				• Make check payable to. Dept. of	State (See levelse side for fee information	
9. Name and Address of Current Registered Agent			10. If changed, now Registered Agent/Office			
			Name			
DIAMANDIS, JO			Street Address (P.O. Box Number Is Not Acceptable)			
C/O RUDNICK & WOLFE			Suite, Apt #, etc.			
404 E VENNE	THE SAME		Suite, Apt #, et	С.		
	DY BLVD., SUITE 2000			C.	Zin Code	
TAMPA FL 336	802	151 and 620 192. Florida Statutes, the above-hard	City		FL Zip Code	
TAMPA FL 336  10a. Pursuant to the purposegent. I am the SIGNATURE (Register	the provisions of sections 620.16 see of changing its registered of familiar with, and accept the obli-		City mod limited partnersh Florida. Such change	ip organized or registered under the laws of t was authorized by its general partner(s). I her DATE	he State of Florida, submits this statement ob accept the appointment of registered	
TAMPA FL 336  10a. Pursuant to the purposegent. I am the SIGNATURE (Register	the provisions of sections 620.16 use of changing its registered of familiar with, and accept the oblined Agent Accepting Appointment AL PARTNER TH	lice or registered agent, or both, in the State of gations of section 620.192, Florida Statutes.	City Inited partnersh Florida, Such change	ip organized or registered under the laws of t was authorized by its general partner(s). I her DATE	FL he State of Florida, submits this statement objects accept the appointment of registered	
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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 Parlner of the I mited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Stalules.

SIGNATURE .....

Mark O. Hackner

Daytime Telephone Number