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 # A96000002349

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -3 AM 10: 05

	710000002010						
COLUMBUS WAREHOUSE PRO	PERTY, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
3335 CHANTARENE DRIVE	COOK CANANTABENE DON'E			12/17/1996			
PENSACOLA FL 32507	3335 CHANTARENE DRIVE PENSACOLA FL 32507		-	3a. Date of Last Report	\$1,500,000.00		
				12/10/1997	FL		
			-		OD. Amo	unt of Capital ributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:		
				FL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		ſ	6. FEI Number	Applied For Not Applicable		
City & State	City & State			59-3418645			
	·			7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip Country		-	8. Make check payable to: Dept. of S	tate (See rev	Fee Required	
9. Name and Address of Current R	egistered Agent	T		10. If changed, new Registered	Agent/Office		
POLLAK, LEWIS B JR.			LLA	K. Lewis B. SR			
3335 CHANTARENE DRIVE			ss (P.O. Bo	Box Number is Not Acceptable)			
PENSACOLA FL 32507	6/30 Suite, Apt. #, etc. #.			pping Forest WAY N.			
I ENGAGORA ! E 32307	Suite, Apr. II, de la		# /	107			
		City Tuckson			NVILLE FL 32217		
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regi agent. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Florid	limited partne la. Such chang	rship organiz	zed or registered under the laws of the	State of Florid	ta submits this statement	
SIGNATURE (Registered Agent Accepting Appointment)	Leuris B. T.	ous	KX	SK DATE	2/1/	98	
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)	11a. Address of Each General (Do NOT Use Post Office Box	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
COLUMBUS WAREHOUSE MANAGEMEN	3335 CHANTARENE DRIVE		PENSACOLA FL 32507		P96000101780		
•		į					
•				7000027073678 (-12/09/3801068020 ****526.25 ****526.25			
	e changed on this form	: an ame	ndmen	t must be filed to cha	nge a ge	eneral partner	

12. J 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	heun	BROWA	KSL

Lewis B. Pollak SR

Typed or Printed Name of General Partner Signing Form