

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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC -1 AM 11:00

*mtm*  
12/2

1. Name of Limited Partnership	1a. DOCUMENT # <b>A96000002367</b>
SHAW ALPHA, LTD.	



Mailing Address 3348 EDGEWATER DRIVE ORLANDO FL 32804	Principal Office Address 3348 EDGEWATER DRIVE ORLANDO FL 32804	3. Date Formed or Registered 12/18/1996	5a. Capital Contributions as Shown on record. \$600,000.00
		3a. Date of Last Report 12/19/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 59-3419386 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent WRIGHT, MICHAEL E 201 EAST PINE STREET, SUITE 1200 ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name: 0000002702800-0 Street Address (P.O. Box Number is Not Acceptable): 12/04/98--01020--005 Suite, Apt. #, etc.: ***526.25 ***526.25 City: FL Zip Code:
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
SHAW ALPHA, INC.	3348 EDGEWATER DRIVE	ORLANDO FL 32804	P96000102103

**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 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 *Mary L Demetree* DATE 11-23-98  
 Typed or Printed Name of General Partner Signing Form Mary L. Demetree Daytime Telephone Number 407-422-8191

CR2E003 (8/98)