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		SECRETARY S DIVIEW 98 DFC 17	SECRETARY OF STATE DIVISION AM 9:31	
1. Name of Limited Partnership	1a. DOCUMENT # A9700000346		30000	12/23	
GILBERT WATERS FAMILY LIMITED PARTNERSHIP					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1751-MOUND-STREET. SUITE-105 -SARASOTA-FL-34230	1751 MOUND STREET, SUITE 105 - SARASOTA FE 34836-		02/07/1997 3a. Date of Last Report 01/08/1998	\$2, 178,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address 1740 WISCONSIN W Suite, Apt. #, etc.	2a. Principal Office Address 17 10 W(S たんいらん) Suite, Apt. #, etc.		4. State or Country of Formation FL 6. FEI Number	2,178,000.00	
City & State	City & State		65-0738571	Applied For Not Applicable	
SARASOTA, FC Zip Country 34239	SARASOTA, FL Zip Country 31239		7. Certificate of Status Desired 8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required State (See reverse side for fee information)	
34 231					
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered	Agent/Office	
WATERS, GILBERT 1751-MOUND STREET, SUITE 105 SARASOTA FL-34236————		Street Address (P.O. Box Number is Not Acceptable) 1740 WISCONSIN LN Suite, Apt. #, etc. City SARASOTA FL 3/239			
10a. Pursuant to the provisions of sections 620.1051 and 620.1051 and 620.1051, 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 (Do NOT Use Post Office Box		City, State & Zip Code	11c. Registration/ Document Number	
G.W. INVESTMENTS, INC.	1751-MOUND STREET, SU		SARASOTA FL 34238 34つ39	P96000095176	
•	(140 00 (300 03))	~ LN			
*			600002 f -12/24/5 ****\$52	225063 801094006 6.25 ****\$26.25	
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 into your senature 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 challenges.					