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 DEFARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

SIGNATURE

DOCUMENT#

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	A9700000376		TÄLLAHASSE	TALLAHASSEE, FLORIDA	
SUNDAYS ON THE BAY, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
% SUNDAYS ON THE BAY, INC. 2450 SW 137TH AVE., SUITE 226 MIAMI FL 33175	5420 CRANDON BLVD. KEY BISCAYNE FL 33149		02/12/1997 3a. Date of Last Report 04/10/1998	\$2,200,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	\$ 2, 200,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0732013	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired		
Zip Country	Zip	Country	8. Make check payable to; Dept. of S	\$8.75 Additional Fee Required tate (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered.	10. If changed, new Registered Agent/Office	
A & P REGISTERED AGENT, INC. 2450 S.W. 137TH AVENUE, SUITE 226 MIAM! FL 33175		Name Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc. City Zip Code			
					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 for 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 prioride 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/	
SUNDAYS ON THE BAY, INC.	2450 S.W. 137TH AVENU		MIAMI FL 33175	P97000013399	
			400002 ⁻ -01/15/ ****\$2	744804- 8 8 9301117024 8.25 ****526.25	
3.0°					
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 filling 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 gon-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 accusate 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 420. Florida Statutes.					