



FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR -8 PM 3: 04 	
1. Name of Limited Partnership		1a. DOCUMENT # A97000000484			
BALTIC AVENUE LIMITED PARTNERSHIP					
Mailing Address 13014 N. DALE MABRY #102 TAMPA FL 33618		Principal Office Address 13014 N. DALE MABRY #102 TAMPA FL 33618		3. Date Formed or Registered 02/25/1997	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 04/13/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-3431104	
Zip		Country		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
				5a. Capital Contributions as Shown on record \$900.00	
				5b. Amount of Capital Contributions in FLORIDA to date	

9. Name and Address of Current Registered Agent SUKOWSKY, MICHAEL 2001 BRINSON ROAD, #301 LUTZ FL 33549		10. If changed, new Registered Agent/Office	
		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	
		FL	
		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, 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

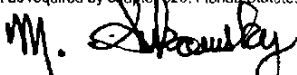
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

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
ATLANTIC CITY, INC.	13014 N. DALE MABRY	TAMPA FL 33618	P97000017770
		900002836719--2 -04/12/99--01127--009 ****141.25 ****141.25 4-9-99	

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



MIKE SUKOWSKY

DATE

04/01/99

(813) 244 9495

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)