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#

FILED or OCT 16 AM 7: 53 TAKE OF STATE

R۱	/IERA	DUNES	LTD

	A9700000496			
RIVIERA DUNES, LTD.	99-8	Pcm		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
P.O. BOX 1805 DESTIN FL 32540	36468 EMERAL COST PARKWAY SUITE 1201 DESTIN FL 32541		02/27/1997 3a. Date of Last Report 10/31/1997	\$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 36468 Emerald Coast PKWY Suite, Apt #, etc.	2a. Principal Office Address 36468 Emerald Co Suite, Apt. #, etc.	8 Emerald Coast PKWY		to date:
Suite 1201	City & State		59-3435687	Not Applicable
Destin, FL	<u> </u>		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country 32541 U.S	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	
0			10 15-11-1	1
9, Name and Address of Current R	egistered Agent	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.		
GWIN, CURTIS H 36468 EMERAL COAST PARKWAY SUITE 1201				
DESTIN FL 32541	City		FL Zip Code	
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	section 620.192, Florida Statutes.		DATE_	
A GENERAL PARTNER THAT IS MUST	S A CORPORATION, L BE REGISTERED ANI	IMITED PAR DACTIVE WI	TNERSHIP OR OTHE ITH THIS OFFICE.	R BUSINESS ENTITY
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
THE RIVIERA DUNES COMPANY	36348 EMERAL COAST PA		STIN FL 32541	P9700007438
			-10/20/9	683713 3801073008 1.25 ****141.25
Note! General partners MAY NOT I	e changed on this form	; an amendm	ent must be filed to cha	inge a general partner.
12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with St this annual report is true and accurate and that my steps empowered to execute this report as required by chapter.	ection 119.07(3)(k) in the event that the info ture shall have the same legal effects as if	rmation supplied is dee	med exempt from public access. I further	certify that the information indicated on
SIGNATURE	with		DATE	10/14/98
Typed or Priored Name of General Partner Signing Form	RAY SHOULTS	<u>-</u>	Daytima Telephone Number	50 - 837 <u>- 03</u> 92