

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

FILED
SECRETARY OF STATE
FLORIDA CORPORATIONS

NOV 14 AM 7:49

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra M. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership FIFTH BY BEACH PARTNERS, LTD.	1a. DOCUMENT # A97000000526
Mailing Address P.O. BOX 23687 TAMPA FL 33623	Principal Office Address 5401 WEST KENNEDY BLVD. SUITE 751 TAMPA FL 33623
2. Mailing Address 2325 Ulmerton Road Suite, Apt. #, etc. Suite 20 City & State Clearwater, Florida Zip Country 33762 U.S.A.	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country

*GG-APPLUS
CM*



3. Date Formed or Registered 02/28/1997 3a. Date of Last Report 09/08/1997 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record \$10,000.00 5b. Amount of Capital Contributions in FLORIDA to date --(0)-- 6. FEI Number 59-3479969 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for information)
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9. Name and Address of Current Registered Agent

GILES, JOEL B
200 CENTRAL AVENUE, SUITE 2300
ST. PETERSBURG FL 33731-2861

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 12/9/98

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) FIFTH BY BEACH PARTNERS, INC	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5401 WEST KENNEDY BLV	11b. City, State & Zip Code TAMPA FL 33623	11c. Registration Document Number P95000036384
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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, no member or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE BY: *Rene M. Wood* Fifth By Beach Partners, Inc., its sole General Partner
 DATE: December 9, 1998
 Rene M. Wood, its President
 Typed or Printed Name of General Partner Signing Form

CR2E003 (8-98)