


**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
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FILED
98 DEC 28 PM 3:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership WILTON PARTNERS NEW PORT RICHEY, LTD.	1a. DOCUMENT # A97000000856
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Mailing Address 11022 SANTA MONICA BLVD., SUITE 450 LOS ANGELES CA 90025	Principal Office Address 11022 SANTA MONICA BLVD., SUITE 450 LOS ANGELES CA 90025	3. Date Formed or Registered 04/17/1997	5a. Capital Contributions as Shown on record. \$1,000.00
		3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country	2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	6. FEI Number 95-4637788	<input type="checkbox"/> Applied For <input 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 fee information)			

9. Name and Address of Current Registered Agent BOOS, ROBERT B JR.- 2451 MCMULLEN-BOOTH ROAD, SUITE 263 CLEARWATER FL 34619-	10. If changed, new Registered Agent/Office Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Street Suite, Apt. #, etc. City Tallahassee FL Zip Code 32301
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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.

See Change of Registered Office & Agent filed on 8-19-98 DATE

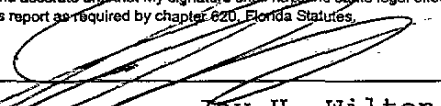
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) WILTON NEW PORT G.P. CORP.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 11022 SANTA MONICA BL Suite 450	11b. City, State & Zip Code LOS ANGELES CA 90025	11c. Registration/Document Number F97000004527
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-01/14/99--01077-014
***150.00 ***150.00

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  **DATE** _____
 Typed or Printed Name of General Partner Signing Form **Jay H. Wilton** Daytime Telephone Number **310-444-6377**

CR2E003 (8/98)