


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	
1. Name of Limited Partnership MARINA TOWER OF SARASOTA, LTD.		1a. DOCUMENT # A97000001296	
Mailing Address 1231 NORTH GULFSTREAM AVENUE SARASOTA FL 34236		Principal Office Address 1231 NORTH GULFSTREAM AVENUE - SARASOTA FL 34236	
2. Mailing Address 75 Cocoanut Avenue Suite, Apt. #, etc.		2a. Principal Office Address 75 Cocoanut Avenue Suite, Apt. #, etc.	
City & State Sarasota, FL		City & State Sarasota, FL 34236	
Zip 34236		Country U.S.A.	
3. Date Formed or Registered 06/12/1997		5a. Capital Contributions as Shown on record \$1,500,000.00	
3a. Date of Last Report 04/29/1998		5b. Amount of Capital Contributions in FLORIDA to date \$1,500,000.	
4. State or Country of Formation FL		6. FEI Number 65-0817693 <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 SKALITZKY, ROBERT 1231 NORTH GULFSTREAM AVENUE SARASOTA FL 34236		10. If changed, new Registered Agent/Office 1264 N. Palm Avenue City: Sarasota, FL Zip Code: FL 34236	
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) MT OF SARASOTA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1231 NORTH GULFSTREAM 1264 N. Palm Ave.	11b. City, State & Zip Code SARASOTA FL 34236	11c. Registration/Document Number P97000051991
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 effect 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 R. Skalizky Typed or Printed Name of General Partner Signing Form R. SKALITZKY		DATE 02-16-99 Daytime Telephone Number 941-366-5000	

CR2E003 (12/98)