


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

150.

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership		1a. DOCUMENT # A97000001607	
OCEAN LANE PARTNERS LIMITED PARTNERSHIP			
Mailing Address 350 SOUTH COUNTY ROAD, SUITE 201 PALM BEACH FL 33480		Principal Office Address 350 SOUTH COUNTY ROAD, SUITE 201 PALM BEACH FL 33480	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

99 FEB 12 AM 9: 18

SECRETARY OF STATE



3. Date Formed or Registered 07/22/1997	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report 12/19/1997	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 65-0768339 APPLIED FOR	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	\$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 BEASON, TAMELA 350 S. COUNTY ROAD, SUITE 201 PALM BEACH FL 33480	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 201 City FL
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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.

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) L & G GP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 350 SOUTH COUNTY ROAD	11b. City, State & Zip Code PALM BEACH FL 33480	11c. Registration/ Document Number V56549
3000002781183--2 -02/19/99--01091--025 ****150.00 ****150.00 SL 2-18-99			

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 *Tamela Beason*

DATE

2.8.99.

Typed or Printed Name of General Partner Signing Form

TAMELA BEASON

Daytime Telephone Number

561-832-1299

CR2E003 (12/98)