

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR -6 PM 3:45



1. Name of Limited Partnership 99 EGLIN, LTD.		1a. DOCUMENT # A97000002368	
2. Mailing Address P.O. BOX 1735 DESTIN FL 32540		2a. Principal Office Address P.O. BOX 1735 DESTIN FL 32540	
3. Date Formed or Registered 10/30/1997		5a. Capital Contributions as Shown on record. \$1,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 59-3479047	
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 LEGLER, MITCHELL W ONE INDEPENDENT DRIVE, SUITE 3104 JACKSONVILLE FL 32202		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 000002488040--3 Suite, Apt. #, etc. -04714798--01052--022 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) WATER'S EDGE BUILDING COMPAN	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1905 EAST HIGHWAY 90 4652 Gulf Starr Dr.	11b. City, State & Zip Code DESTIN FL 32541 <i>okay</i>	11c. Registration/Document Number M77260
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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, receiver or trustee empowered to execute this report as required by chapter 600, Florida Statutes.

SIGNATURE

DATE

3-31-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

850 454-4126

CR2E003 (12/97)