

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -5 PM 3:03



1. Name of Limited Partnership		1a. DOCUMENT # A97000002930	
GIARDINA FAMILY LIMITED PARTNERSHIP			
Mailing Address 1033 BOCA COVE LANE HIGHLAND BEACH FL 33487		Principal Office Address 1033 BOCA COVE LANE HIGHLAND BEACH FL 33487	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt #, etc		Suite, Apt #, etc	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 12/31/1997	5a. Capital Contributions as Shown on record \$400,000.00
3a. Date of Last Report 01/27/1998	5b. Amount of Capital Contributions in FL CIRCULAR to date \$400,000
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 65-0782954 APPLIED FOR	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired <input type="checkbox"/>	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent GIARDINA, SALVATORE V 1033 BOCA COVE LANE HIGHLAND BEACH FL 33487		10. If Changed from Registered Agent/Officer 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

**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) GIARDINA PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1033 BOCA COVE LANE	11b. City, State & Zip Code HIGHLAND BEACH FL 334	11c. Registration Document Number P97000043687
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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, partner or trustee empowered to execute this report as required by Chapter 600, Florida Statutes.

SIGNATURE

Sandra B. Mortham

DATE

1/2/1998

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)