

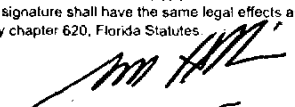


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 MAR -8 AM 10:36	
1. Name of Limited Partnership AMERICAN INVESTMENTS OF SARASOTA, LTD.		1a. DOCUMENT # A98000000159			
Mailing Address 1642 BAYWOOD WAY SARASOTA FL 34231		Principal Office Address 1642 BAYWOOD WAY SARASOTA FL 34231		3. Date Formed or Registered 01/15/1998	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report FL	
				5a. Capital Contributions as Shown on record \$449,410.00	
				5b. Amount of Capital Contributions in FLORIDA to date	
				6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input 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 DARNELL, ROBERT W 2033 MAIN STREET, SUITE 400 SARASOTA FL 34237				10. If changed, new Registered Agent/Office 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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
11c. Registration/Document Number					
AIDLIN, SAMUEL S		1642 BAYWOOD WAY		SARASOTA FL 34231	
AIDLIN, RUTH		1642 BAYWOOD WAY		SARASOTA FL 34231	
AIDLIN, STEPHEN H		1642 BAYWOOD WAY		SARASOTA FL 34231	
AIDLIN, MARY K		1642 BAYWOOD WAY		SARASOTA FL 34231	
6000002814516-1 -03/22/93--01153--019 ****526.25 ****526.25.					
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  Typed or Printed Name of General Partner Signing Form SAMUEL S AIDLIN		DATE 3/2/99 Daytime Telephone Number 941-924-9641			

CR2E003 (12/98)