

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

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| LIMITED PARTNERSHIP ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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FILED
98 NOV -4 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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|--|---------------------------------------|
| 1. Name of Limited Partnership | 1a. DOCUMENT # A98000000204 |
| RSG FAMILY LIMITED PARTNERSHIP - VOGUE | |

| | | | |
|--|---|---|---|
| Mailing Address 850 SOUTH COLLIER BLVD., #1701 MARCO ISLAND FL 33937 | Principal Office Address 850 SOUTH COLLIER BLVD., #1701 MARCO ISLAND FL 33937 | 3. Date Formed or Registered 01/21/1998 | 5a. Capital Contributions as Shown on record. \$1,000.00 |
| 2. Mailing Address P.O. Box 1550 | 2a. Principal Office Address | 3a. Date of Last Report | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. State or Country of Formation FL | |
| City & State MARCO ISLAND FL | City & State | 6. FEI Number 59-349 08 68 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip 34141 | Country | 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) |

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|---|--|
| 9. Name and Address of Current Registered Agent GLAS, RONALD L 850 SOUTH COLLIER BLVD., #1701 MARCO ISLAND FL 33937 | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code |
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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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|--|---|-----------------------------|------------------------------------|
| BARFIELD BAY PROPERTIES, INC | 850 SOUTH COLLIER BLV | MARCO ISLAND FL 33937 | P95000043260 |
| 900002681689--3 -11/05/98--01092--020 ****141.25 ****141.25 NOV - 5 1998 | | | |

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 *Ronald L. Glas* DATE 10/10/98
 Typed or Printed Name of General Partner Signing Form Ronald L. Glas Daytime Telephone Number 941 642 3953

CR2E003 (8/93)