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

1. Name of Limited Partnership

1a. DOCUMENT # A98000000801

ATIONS

FILED

99 JAN -4 AM 11:37

SECRETARY OF STATE TALLAHASSEE. FLORIDA

FOG PARTNERS EIGHT LIMITED							
Mailing Address	Principal Office Address	_	;	3, Date Formed or Registered	5a. Çapita	Contributions as on record.	
1745 WEST FLETCHER AVENUE TAMPA FL 33612	1745 WEST FLETCHER AVENUE TAMPA FL 33612		;	03/30/1998 3a. Date of Last Report		\$99.00	
2. Mailing Address	2a. Principal Office Address			5. State or Country of Formation	5b. Amour Contril to date	nt of Capital pullons in FLORIDA	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			, FEI Number	-	L J v	
City & State	City & State			52-290127	Applied For Not Applicable		
Zip Country	Zip Country		7	Certificate of Status Desired	ficate of Status Desired \$8.75 Additional Fee Required		
Zip Couraly	Zip	- Country			8. Make check payable to: Dept. of State (See reverse side for fee information)		
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
DIAMANDIS, JOHN T		Name					
C/O RUDNICK & WOLFE		Street Address (P.O. Box Number Is Not Acceptable)					
101 E. KENNEDY BLVD., SUITE 2000		Suite, Apt. #, etc.					
TAMPA FL 33602		City	City FL Zip Code				
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	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
FOG GENERAL TWO, INC.	1745 WEST FLETCHER AV		TAMPA FL 33612		P98000019364		
1				3000027488730 -01/21/9901006020 ****141.25 ****141.25		:730. 106020	
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 filling 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 520, Florida Statutes.							
SIGNATURE							
Typed or Printed Name of General Paperer Signing Form Mark of tackner Daytime Telephone Number 813-968-6511							