

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

99 MAR -2 PM 12: 52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A98000000855
MIRAGE ON THE GULF, LTD.	

Mailing Address 171 GRAY STREET AMHERST MA 01002-2015	Principal Office Address 171 GRAY STREET AMHERST MA 01002-2015	3. Date Formed or Registered 04/03/1998	5a. Capital Contributions as Shown on record. \$100,000.00
2. Mailing Address	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	6. FEI Number 59-3513827
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	8. Make check payable to Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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) LEVI-NIELSEN MIRAGE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 171 GRAY STREET	11b. City, State & Zip Code AMHERST MA 01002-2015	11c. Registration/ Document Number P98000030989
--	---	--	---

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 Elinor R. Levine DATE 12/28/98
Typed or Printed Name of General Partner Signing Form Elinor R. Levine Daytime Telephone Number (413) 256-6686