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

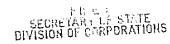
Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

A98000001032

VIRTUAL REALTY INVESTMENTS OF TAMPA BAY FUND I, LTD.



99 JAN 25 PM 1:48

Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.		
1901 BROKEN ARROW TRAIL NORTH	1901 BROKEN ARROW TRAIL N	1901 BROKEN ARROW TRAIL NORTH		6400.00		
LAKELAND FL 33813	LAKELAND FL 33813		3a. Date of Last Report	\$100.00		
•				5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:		
			FL	30,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			Applied For Not Applicable		
City & State	City & State	City & State		\$8.75 Additional		
Zīp Country	Zip	Country	7. Certificate of Status Desired	Fee Required		
	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			
ERICKSON, ARTHUR H		Name		25.895		
1901 BROKEN ARROW TRAIL NORTH		Street Address (F		875		
LAKELAND FL 33813		Suite, Apt. #, etc.				
		City	<u></u>	FL Zip Glo		
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 Pertner(s)	11a. Address of Each Gene (Do NOT Use Post Office	and Brade are	11b. City, State & Zip Code	11c. Registration/		
	(Do NOT Use Post Office	Box Numbers)		Document National		
VIRTUAL REALTY INVESTMENTS,	1901 BROKEN ARROW	TRA	LAKELAND FL 33813	P95000001904		
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			-g- g	72221-2		
			100002			
			****	307.50 ****307.50		
•						
National Association (Inc.)	OT he show and an 452- 5-4					
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 by And	Eur-	·- <u>-</u>	DATE	12/28/98		
Typed or Printed Name of General Partner Signing Form	ARTHUR H. FRICKS	w	Daytime Telephone Number	41 646 2699		