



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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>98 DEC 17 AM 11:20 <i>mtm</i> 12/23</p> 	
1. Name of Limited Partnership PALM COAST INCOME FUND, LTD.		1a. DOCUMENT # A98000001093			
Mailing Address 8930 W. STATE ROAD 84 #162 DAVIE FL 33324		Principal Office Address 8930 W. STATE ROAD 84 #162 DAVIE FL 33324		3. Date Formed or Registered 04/29/1998 3a. Date of Last Report 4/29/1998	
2. Mailing Address 531 N. Ocean Blvd Suite, Apt. #, etc. 1802 City & State Pompano Beach FL Zip Country 33062 US		2a. Principal Office Address 531 N. Ocean Blvd Suite, Apt. #, etc. 1802 City & State Pompano Beach FL Zip Country 33062 US		4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$10,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$100	
6. FEI Number 65-0831957		<input type="checkbox"/> Applied For <input checked="" 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 BELMONTE, JOSEPH 8930 W. STATE ROAD 84 #162 DAVIE FL 33324			10. If changed, new Registered Agent/Office Name Joseph Belmonte Street Address (P.O. Box Number is Not Acceptable) 531 N. Ocean Blvd Suite, Apt. #, etc. #1802 City Pompano Beach FL Zip Code 33062		
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) BELMONTE, JOSEPH Belmonte, Joseph		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8930 W. STATE ROAD 84 531 N. Ocean Blvd #1802		11b. City, State & Zip Code DAVIE FL 33324 Pompano Beach FL 33062	
11c. Registration/Document Number 8000002724018-5 -12/28/98--01140-012 ***141.25 ***141.25					
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 <i>Joseph Belmonte</i> DATE <i>12/12/98</i> Typed or Printed Name of General Partner Signing Form <i>Joseph Belmonte</i> Daytime Telephone Number <i>561 803 2466</i>					

CR2E003 (8/98)