


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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 13 PM 2:46

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SUMMER BEACH DEVELOPMENT GROUP, LTD.		1a. DOCUMENT # A98000001553	
Mailing Address 645 RIVERSIDE AVENUE SUITE 619 JACKSONVILLE FL 32204		Principal Office Address 645 RIVERSIDE AVENUE SUITE 619 JACKSONVILLE FL 32204	
2. Mailing Address 5456 First Coast Hwy.		2a. Principal Office Address 5456 First Coast Hwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Amelia Island, FL		City & State Amelia Island, FL	
Zip Country 32034 USA		Zip Country 32034 USA	
3. Date Formed or Registered 06/25/1998		5a. Capital Contributions as Shown on record. \$1,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: \$9,900.00	
4. State or Country of Formation FL		6. FEI Number 59-3523207	
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 WINSTON, JAMES 645 RIVERSIDE AVENUE, SUITE 619 JACKSONVILLE FL 32204		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 400002718674--7 Suite, Apt. #, etc. -12/22/98-01033-004 City FL Zip Code ****203.62 ****141.25	
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
SUMMER BEACH DEVELOPMENT GRO	645 RIVERSIDE AVENUE,	JACKSONVILLE FL 32204	P98000056904
400002718674--7 -01/21/99-01018-001 *****18.80 *****16.80			
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 James U. Sands		DATE 12/14/98	
Typed or Printed Name of General Partner Signing Form James U. Sands, President		Daytime Telephone Number (904)261-0624	

CR2E003 (8/98)