

**FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		00 FEB -9 11 14:08 	
1. Name of Limited Partnership NEW OPPORTUNITY PARTNERS, LTD.		1a. DOCUMENT # A98000001728			
Mailing Address 2519 RIVERSIDE AVENUE JACKSONVILLE FL 32204		Principal Office Address 2519 RIVERSIDE AVENUE JACKSONVILLE FL 32204		3. Date Formed or Registered 07/20/1998 3a. Date of Last Report YA 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$24,750.00 5b. Amount of Capital Contributions in FLORIDA to date \$ 10,000.00 6. FEI Number <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) 158.75	
9. Name and Address of Current Registered Agent NASH, E. WILLIAM III 2519 RIVERSIDE AVENUE JACKSONVILLE FL 32204				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) NASH, E. WILLIAM III		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2519 RIVERSIDE AVENUE		11b. City, State & Zip Code JACKSONVILLE FL 32204	
11c. Registration/Document Number NONE		6000002778356--6 -02/17/99--01070--004 ****158.75 ****158.75			
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 					
Typed or Printed Name of General Partner Signing Form E. WILLIAM NASH, III					
DATE 2/4/99 Daytime Telephone Number 904 389-1450					

CR2E003 (12/98)