


**LIMITED PARTNERSHIP
ANNUAL REPORT
1999**



FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership		1a. DOCUMENT # A98000001755		SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
MSDP, "LTD."					
Mailing Address		Principal Office Address		3. Date Formed or Registered	
P.O. BOX 16550		P.O. BOX 16550		07/22/1998	
WEST PALM BEACH FL 33416		WEST PALM BEACH FL 33416		3a. Date of Last Report	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		FL	
City & State		City & State		6. FEI Number	
Zip		Zip		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		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		10. If changed, new Registered Agent/Office	
SANDS, MICHAEL E 5078 WILLOW POND RD WEST PALM BEACH FL 33417		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		Suite, Apt. #, etc.	
		City	Zip Code
		2247 Palm Beach Lakes Blvd	
		# 201	
		W. Palm Beach,	FL 33409
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
	SANDS, MICHAEL E		5076 WILLOW POND RD		WEST PALM BEACH FL 33		SUCCESSION 12770185-8-1-83 -02/09/89-00126-018 ****188.75 ****190.25 T.J.C. FEB - 2 1999

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 effect 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

DATE _____

Daytime Telephone Number

CR2F003 (8/98)