

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	
1. Name of Limited Partnership BAY PARTNERS LTD.		1a. DOCUMENT # A98000002025	
Mailing Address 1008 HARBOURVIEW CIRCLE PENSACOLA FL 32507		Principal Office Address 1008 HARBOURVIEW CIRCLE PENSACOLA FL 32507	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 08/31/1998		5a. Capital Contributions as Shown on record \$100,000.00 1,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-3505895	
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information) \$52.50	
9. Name and Address of Current Registered Agent COLEMAN, DREW 1008 HARBOURVIEW CIRCLE PENSACOLA FL 32507		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 100002898331--4 City -06/08/99--01065-003 *****88, FL *****88, 75	
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) LIGHT, GARY C5 MORTGAGE AND INVESTMENT C		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 9310 HUNTCLIFF TRACE 1008 HARBOURVIEW CIR	
11b. City, State & Zip Code ATLANTA GA 30350 PENSACOLA FL 32507		11c. Registration/ Document Number G72084 100002898331--4 -06/08/99--01065-004 *****52.50 *****52.50	
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 _____	

CR2E003 (12/98)