


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 A98000002548 FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 99 JAN -7 AM 10:20	
1. Name of Limited Partnership BAYOU Oaks, Ltd.		1a. DOCUMENT # A98000002548			
Mailing Address 1520-360 ROYAL PALM SQ BLVD. FORT MYERS, FL 33919		Principal Office Address		3. Date Formed or Registered 11/13/98	
				3a. Date of Last Report	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation FLA.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5a. Capital Contributions as Shown on record. 7500.00	
City & State		City & State		5b. Amount of Capital Contributions in FLORIDA to date: 7500.00	
Zip		Zip		6. FEI Number 650868383 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country		Country		7. Certificate of Status Desired <input checked="" 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 BOWEN A ARMOUR 1520 ROYAL PALM SQ BLVD SUITE 360 FORT MYERS, FL 33919		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 3000002739433--4 Suite, Apt. #, etc. -01713/99--01037--009 City FL Zip Code ****150.00 ****150.00	
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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

11/7/98

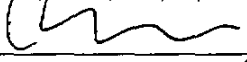
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) BAYOU Oaks, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1520-360 ROYAL PALM SQ BLVD.	11b. City, State & Zip Code FT MYERS, FL 33919 BK 11/7/99	11c. Registration/ Document Number A98000002548
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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

 Vice President, BAYOU Oaks, Inc. GP

DATE

11/7/98

Typed or Printed Name of General Partner Signing Form

BOWEN A ARMOUR

Daytime Telephone Number

941 688 2758029

CR2E003 (8/98)