


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>99 APR 15 PM 12:57</p>	
1. Name of Limited Partnership BOP Investors, Ltd. 1241 Tree Bay Lane Sarasota, FL 34242		1a. DOCUMENT # A98000002584			
Mailing Address Same as above		Principal Office Address		3. Date Formed or Registered 11/18/98	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report -	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation Florida	
City & State		City & State		5a. Capital Contributions as Shown on record 450,000 S.A. filed 4-15-99	
Zip Country		Zip Country		5b. Amount of Capital Contributions in FLORIDA to date \$450,000.00	
City & State		City & State		6. FEI Number 65-0876904	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State		City & State		8. Make check payable to: Dept. of State (See reverse side for fee information)	
City & State		City & State		9. Name and Address of Current Registered Agent Sam D. Norton, Esq. 1819 Main Street, Suite 610 Sarasota, FL 34242	
City & State		City & State		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State Zip Code	
City & State		City & State		FL	
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) <i>[Signature]</i> 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) IMAR Real Estate Management, Inc., a Florida corporation		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1241 Tree Bay Lane		11b. City, State & Zip Code Sarasota, FL 34242	
City & State		City & State		11c. Registered Document Number 388610 200002842712--6 -04/16/99--01038--001 ****526.25 ****526.25	
City & State		City & State		CR2E003 (8/98)	
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.					
IMAR Real Estate Management, Inc., a Florida corporation					
SIGNATURE By: <i>[Signature]</i> DATE <i>12/28/98</i>					
Typed or Printed Name of General Partner Signing Form Daytime Telephone Number (941) 346-1931					