


**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. Morham Secretary of State DIVISION OF CORPORATIONS</p>	
1. Name of Limited Partnership Advantage Capital Florida Partners I, Limited Partnership		1a. DOCUMENT # <u>A9800000 2596</u>	
Mailing Address 100 North Tampa Street Suite 2410 Tampa, FL 33602		Principal Office Address 100 North Tampa Street Suite 2410 Tampa, FL 33602	
2. Mailing Address Same as Above Suite, Apt. #, etc.		2a. Principal Office Address Same as Above Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered 11/23/98		5a. Capital Contributions as Shown on record. \$30,000	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$ 5,000	
4. State or Country of Formation Florida		6. FEI Number 59-3542906	
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)			
9. Name and Address of Current Registered Agent Marc W. Dunbar 215 South Monroe Street Second Floor Tallahassee, FL 32301		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) Advantage Capital FL GP I, L.L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 100 North Tampa Street Suite 2410	11b. City, State & Zip Code Tampa, FL 33602	11c. Registration/Document Number L98000002805
8000002743168--5 -01/15/99--01016--005 *****526.25 *****526.25			
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 <u>Crichton W. Brown</u>		DATE <u>12/24/98</u>	
Typed or Printed Name of General Partner Signing Form <u>By: Crichton W. Brown, Member</u>		Daytime Telephone Number <u>813-221-8700</u>	

FILED
 98 DEC 29 PM 3:22
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

CR2E003 (8/98)