


**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. Northam Secretary of State DIVISION OF CORPORATIONS</p>		<p>SECRETARY OF STATE DIVISION OF CORPORATIONS</p> <p>99 FEB 24 AM 10:34</p>	
1. Name of Limited Partnership Armenia Osborne, Ltd.		1a. DOCUMENT # A98000002662			
Mailing Address 2. Mailing Address PO Box 320342 Suite, Apt. #, etc. Tampa, FL Zip Country 33679-2342 USA		Principal Office Address 2a. Principal Office Address 4427 W. Kennedy Blvd. Suite, Apt. #, etc. Suite 125 City & State Tampa, FL Zip Country 33609 USA		3. Date Formed or Registered 12/1/98 3a. Date of Last Report n/a 4. State or Country of Formation Florida 5a. Capital Contributions as Shown on record \$110,000.00 5b. Amount of Capital Contributions in FLORIDA to date \$106,000 6. FEI Number 59-3544861 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 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 Andrew M. O'Malley Carey, O'Malley, Whitaker & Manson, PA 712 S. Oregon Avenue Tampa, FL 33606-2543		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) Armenia Osborne, Inc.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4427 W. Kennedy Blvd. Suite 125		11b. City, State & Zip Code Tampa, FL 33609	
11c. Registration/Document Number P98000099992		8000002792668--4 -03/02/99--01084--002 ****526.25 ****526.25 <div style="text-align: right; margin-top: 20px;">dec</div>			
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 _____		DATE 2/18/99			
Typed or Printed Name of General Partner Signing Form Hamilton E. Hunt, as President		Daytime Telephone Number 813/289-5511			

CR2E003 (8/98)