

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 31 PM 1:51

1. Name of Limited Partnership

1a. DOCUMENT #
B9400000377

RIVER GARDENS-TAMPA LIMITED PARTNERSHIP



Mailing Address
THREE PICKWICK PLAZA
SUITE 250
GREENWICH CT 06830

Principal Office Address
4009 NORTH HOWARD AVENUE
TAMPA FL 33607

3. Date Formed or Registered

09/22/1994

5a. Capital Contributions as Shown on record.

\$2,000,000.00

3a. Date of Last Report

01/16/1998

5b. Amount of Capital Contributions in FLORIDA to date:

2,000,000.00

4. State or Country of Formation

DE

6. FEI Number

06-1405837

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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)

RIVER GARDENS-TAMPA, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

THREE PICKWICK PLAZA

11b. City, State & Zip Code

GREENWICH CT 06830

11c. Registration/Document Number

F94000004924

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***526.25 ***526.25

CR2E003 (8/95)

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

See attached signature sheet

DATE

Typed or Printed Name of General Partner Signing Form


Daytime Telephone Number

ATTACHED SHEET

RIVER GARDENS-TAMPA LIMITED PARTNERSHIP

River Gardens-Tampa Limited Partnership
a Delaware limited partnership

By: River Gardens-Tampa, Inc.
a Delaware Corporation
it's General Partner

By: 
Madison Gease
Executive Vice President