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

LIMITED PARTNERSHIP ANNUAL REPORT

1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# B94000000459

FILED

98 DEC 24 AM 10: 21

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Daytime Telephone Number 904 855-8519

CHARTWELL CAPITAL INVESTORS, LIMITED PARTNERSHIP					
Mailing Address 1610 INDEPENDENT SQUARE JACKSONVILLE FL 32202	Principal Office Address 1610 INDEPENDENT SQUARE JACKSONVILLE FL 32202		3. Date Formed or Registered 11/10/1994 3a. Date of Last Report 12/23/1997	\$31,000,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formati DE 6. FEI Number	929, 159, 142	
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired 8. Make check payable to: De	\$8.75 Additional Fee Required of of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent LANIGAN, ARMINDIA M 1610 INDEPENDENT SQUARE JACKSONVILLE FL 32202		Name Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code			
10a. Pursuant to the provisions of sections 620.1951 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) AGENERAL 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)	11a. Address of Each General (Do NOT Use Post Office Box	Partner	11b. City, State & Zip Code	11c. Registration/ Document Number	
CHARTWELL CAPITAL PARTNERS,	1610 INDEPENDENT SQUA		JACKSONVILLE FL 32202	889 889 27403551	
	,		01/	27409551 14/3901012009 *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. Ido 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.					

Marinatos