FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **B9500000234**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

97 00T 10 PH 3: 43



THE DOLPHIN CAPITAL FUND LIMITED PARTNERSHIP							
Mailing Address Principal Office Address 875 HIDDEN RIVER PARKWAY 8875 HIDDEN RIVER PARKWAY				3. Date Formed or Registered 06/27/1995	5a. Capital Contributions as Shown on record.		
SUITE 220 SUITE 220				3a. Date of Last Report		0,000,000.00	
TAMPA FL 33637	TAMPA FL 33637		1	01/31/1997	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation DE	*88,791.80		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For		
City & State	Cily & State			7. Certificate of Status Dosired S8.75 Additional Fee Required		Not Applicable	
						\$8.75 Additional	
Zip Country	Zip Country		}	8. Make check payable to: Dept. of State (See reverse side for fee information			
9. Name and Address of Current R	egistered Agent	10. If changed, new Reg stored Agent/Office Name					
BACON, BARTHOLOMEW P 8875 HIDDEN RIVER PARKWAY							
		Street Address (P.O. Box Number Is Not Acceptable)					
SUITE 220		Suite, Apt. #, etc.					
TAMPA FL 33637		City				Zip Code	
SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST	S A CORPORATION, BE REGISTERED AN	LIMITED ID ACTIV	PARTI	NERSHIP OR OTHE	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gener		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
DOLPHIN CAPITAL MANAGEMENT, 1,26.	8875 HIDDEN RIVER PARKWAY		TAMPA FL 33637		F94000006110		
				400002 -10/1: *****\$:3 1 91 3/97—0 550,00	0545 1106005 ****\$50.00	
			C	tec Con			
Note: General partners MAY NOT	be changed on this for	m; an ame	endmer	it must be filed to ch	ange a g	eneral partner.	
 I do hereby certify that the information supplied with this Corporations from any liability of non-compliance will is this annual report is true and accurate and that my sign empowered to execute this report as required by chapter 	iection 119.07(3)(k) in the event that the i ature shall have the same legal effects a	information supp	hed is deem	od exempt from public access. I furti r certify that I am a General Partner c	her certify that to of the I mited pa	he information indicated on rtnership receiver or truster	
SIGNATURE	fr -			DATE _	10/6/	97	
Typed or Printed Name of Goneral Partner Signing Form . Bi	ARTHOLOMES P. BACC	on, PRE	7CAD012	Daytime Telephone Number ,	813) 9:	79-6000	