

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

FILED

99 OCT 12 10:10:12

CLERK OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # B95000000475
GLENBOROUGH FUND I, LIMITED PARTNERSHIP <i>99-AR CM</i>	



Mailing Address 400 S. EL CAMINO REAL, SUITE 1100 SAN MATEO CA 94402-1708	Principal Office Address 400 S. EL CAMINO REAL, SUITE 1100 SAN MATEO CA 94402-1708
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 12/26/1995	5a. Capital Contributions as Shown on record. \$3,700,000.00
3a. Date of Last Report 12/26/1997	
4. State or Country of Formation DE	5b. Amount of Capital Contributions in FLORIDA to date: \$3,700,000.00
6. FEI Number 94-3235279	<input type="checkbox"/> Applied For <input checked="" 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 C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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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) GRT FINANCIAL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 400 S. EL CAMINO REAL	11b. City, State & Zip Code SAN MATEO CA 94402-1708	11c. Registration/ Document Number F96000003202
600002666096--3 -10/16/98--01110--016 ****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 *Frank A. Austin* DATE **10/5/98**
 Frank A. Austin, Secretary of
 Typed or Printed Name of General Partner Signing Form **GRT Financial, Inc.** Daytime Telephone Number **(650) 343-9300**

CR2E003 (8/98)