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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FOUNDING PARTNERS MULTI-STRATEGY FUND, LIMITED

FLORIDA DEPARTMENT OF STATE

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

PARTNERSHIP

1a. DOCUMENT # B96000000086 FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -5 AH 10: 29

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Mailing Address		Principal Office Address		3, Date Form	ed or Registered	5a. Capital Contributions as Shown on record.		
801 LAUREL OAK D RIVE. SUITE 620 NAPLES FL 34108-2707		801 LAUREL OAK DRIVE. SUITE 620 NAPLES FL 34108-2707		03/07/1996 3a. Date of Last Report		\$15,000,000.00		
					untry of Formation	Contri to det	butions in FLORIDA 9:	
2. Mailing Address 2a. Princip		2a. Principal Office Address	rincipal Office Address		,	\$ \$50,000		
			DE		7 030,000			
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		1	6. FEI Number Applied For NOT APPLICABLE Not Applied For			
City & State		City & State		NOT AF				
City & State		City & Clare		7. Certificate	of Status Desired		\$8.75 Additional	
Zip	Country	Zip Country					Fee Regulred	
` 				8. Make checi	8. Make check payable to: Dept. of State (See reverse side for fee information)			
				46				
	Name and Address of Current Re	gistered Agent	10. If changed, new Registered Agent/Office					
MATIONIAL ORDBODITE DESCRIPTION LTD		Name						
NATIONAL CORPORATE RESEARCH, LTD.		Street Address (P.O. Box Number is Not Acceptable)						
1406 HAYS STREET - SUITE #2			Sulta Ant #	Suite Bat Weste				
TALLAHASSEE FL 32301 Sulle, Apt. #, etc.				m/l				
		City FL // FL						
for the purpose	e provisions of sections 620.1051 and 62 o of changing its registered office or regis nitiar with, and accept the obligations of	20.192, Florida Statutes, the above-name stered agent, or both, in the State of Florid section 620.192, Florida Statutes.	I limited partner: la. Such change	ship organized or registered was authorized by its ge ne	t under the laws of the S rel partner(s). I hereby a	tate of Florid accept the ap	a, submit with statement pointment of registered	
SIGNATURE (Registere	d Agent Accepting Appointment)				DATE			
A GENERA	L PARTNER THAT IS	A CORPORATION, L BE REGISTERED AN	IMITED D ACTIV	PARTNERSHII E WITH THIS (P OR OTHER OFFICE.	BU SI	NESS ENTITY	
11. Name(s) of (General Pertner(s)	11a. Address of Each General	Partner x Numbers)	11b. City, State	& Zip Code	11c.	Registration/ Document Number	
FOUNDING P A	RTNERS CAPITAL MA			NAPLES FL 34108-2707		P94000011946		
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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 filling 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 self 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 .

Sunlido

DATE 9-18-98

WILLIAM L. GUNLICK - Daytime Telephone Number 941-514-29

CR2E003 (8/98