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

DOCUMENT #

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 14 PM 12: 32

1. Name of Limited Partnership	B9600000340												
DRANGE PINE LIMITED PARTNERSHIP													
Mailing Address	Principal Office Address	Principal Office Address			5a. Capital Contributions as Shown on record.								
17 WEST PENNSYLVANIA AVENUE. SUITE 500 ATTN: BILL KINNEAR TOWSON MD 21204	17 WEST PENNSYLVANIA AVE., S TOWSON MD 21204	17 WEST PENNSYLVANIA AVE., SUITE 500 TOWSON MD 21204		08/29/1996 3a. Date of Last Report 12/17/1997	\$534,000.00 5b. Amount of Capital Contributions in FLORIDA								
2. Mailing Address	2a. Principal Office Address	<u> </u>		4. State or Country of Formation MD	10 dat	34,000.00							
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		6. FEI Number 52-1991566	Applied For Not Applicable								
Zip Country				7. Certificate of Status Desired		\$8.75 Additional Fee Required							
		. 		8. Make check payable to: Dept. of S	tate (See reve	rse side for fee information)							
9. Name and Address of Curren	t Registered Agent			10. If changed, new Registered	Agent/Office								
SEXTON, DAVID N ESQ. C/O BOND, SCHOENECK & KING, P.A. 1167 THIRD STREET SOUTH, SUITE 107 NAPLES FL 33940		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 an for the purpose of changing its registered office or agent. I am familiar with, and accept the obligations	registered agent, or both, in the State of Florid			orized by its general partner(s). I hareby		
							SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	IS A COPPORATION I	IMITED	DADT	NEDSUID OD OTUE	P BIIGI	NESS ENTITY
		MUS	T BE REGISTERED AN	D ACTIV	E WIT	TH THIS OFFICE.	K DOO!	ALSO LIVIII					
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	l Partner	11b.	City, State & Zip Code	11c.	Registration/ Document Number							
ORANGE PINE, INC. 17 WEST PENNS				TOWSON MD 21204		F96000004447							
				200002 -12/24/ ****52	25/	322 085-001 ****525.25							
Note: General partners MAY NOT	be changed on this form	ı; an ame	ndme	nt must be filed to cha	nge a ge	eneral partner.							
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by char.	Section 119.07(3)(k) in the event that the info pature shall have the same legal effects as if	ormation supplie	ed is deeme	ed exempt from public access. I further	ertify that the	Information indicated on							