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

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form.

DOCUMENT # B9700000141

FILED
98 OCT 20 PM 4: 30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LARGO LIMITED PARTNERSHIP					
Mailing Address 380 UNION STREET WEST SPRINGFIELD MA 01089	Principal Office Address 390 UNION STREET WEST SPRINGFIELD MA 01089		3, Date Formed or Registered 03/13/1997 3a. Date of Last Report 09/18/1997	5a. Capital Contributions as Shown on record. \$1,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation MA	to date:	
Suite, Apt. #, etc. City & State	City & State		6. FEI Number 04-3357004	Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired 8. Make check payable to: Dept. of	7 - Certificate of Status Desired \$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		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.			
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)	11a. Address of Each General	B 4	b. City, State & Zip Code	11c. Registration/ Document Number	
NESPA 1996 PROPERTY INVESTOR	380 UNION STREET		WEST SPRINGFIELD MA 0 -10/22 -***25	F9600002275 6702001 /9801069011	
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.					