

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 22 AM 10:43

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # B97000000188
CHRISTIAN TYLER DEVELOPMENT GROUP LIMITED PARTNERSHIP	

Mailing Address 3001 NORTH ROCKY POINT DR. E. #200 TAMPA FL 33607	Principal Office Address 3001 NORTH ROCKY POINT DR. E. #200 TAMPA FL 33607
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 04/22/1997	5a. Capital Contributions as Shown on record \$100.00
3a. Date of Last Report 02/02/1998	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation NV	
6. FEI Number 59-3439171	<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 EICHOLTZ, KIRK D ESQUIRE 3001 N. ROCKY POINT DR. E., #200 TAMPA FL 33607	10. If changed, new Registered Agent/Office Name 141.25 Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) *[Signature]* DATE **3-12-99**

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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
CHRISTIAN TYLER PROPERTIES I	3001 N. ROCKY POINT D	TAMPA FL 33607	L96000001194

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****141.25 ****141.25
Dec

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 <i>[Signature]</i>	DATE 2-15-99
Typed or Printed Name of General Partner Signing Form	Daytime Telephone Number

CR2E003 (12/98)