



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

LIMITED PARTNERSHIP ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership ATLANTIC PARTNERS GROUP, L.P.		1a. DOCUMENT # B97000000382		FILED 99 JUN 17 PM 12: 53 SECRETARY OF STATE 	
Mailing Address 26221 MARSH LANDING PARKWAY PONTE VEDRA BEACH FL 32082		Principal Office Address 26221 MARSH LANDING PARKWAY PONTE VEDRA BEACH FL 32082		3. Date Formed or Registered 07/30/1997	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/02/1998	
				4. State or Country of Formation DE	
				5a. Capital Contributions as Shown on record. \$7,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 59-3367879	
				<input type="checkbox"/> Applied For <input 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 FAIRBANKS, RANDAL C 1200 RIVERPLACE BLVD., SUITE 800 JACKSONVILLE FL 32207		10. If changed, new Registered Agent/Office	
		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		000002811430--3 -06/21/98--01166--001 *****141 FL *****141.25	

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 *[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) CIMC ATLANTIC, L.L.C.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) -46221 MARSH LANDING P 26221		11b. City, State & Zip Code PONTE VEDRA BEACH FL		11c. Registration/Document Number. M97000000464	
				FL 6-17-99			

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 *[Signature]* DATE 3/5/99

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (12/98)