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

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



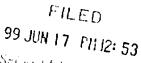
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # B9700000382





ATLANTIC PARTNERS GROUP, L.P.			A TRANSIA INDIA INDIA I	
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 3a. Date of Last Report 01/02/1998	5a. Capital Contributions as Shown on record. \$7,000.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation DE	Contributions in FLORIDA to date:
Suite, Apt. #, etc. City & State	Sulte, Apt. #, etc.	Sulte, Apt. #, etc. City & State		Applied For Not Applicable
Zip Country	Zip	Country 8		\$8.75 Additional Fee Required State (See reverse side for fee Information)
FAIRBANKS, RANDAL C 1200 RIVERPLACE BLVD., SUITE JACKSONVILLE FL 32207 10a. Pursuant to the provisions of sections 62/ for the purpose of changing its registered agent. I em familiar with, and accept the company of the sections of the s	0.1051 and 620.192, Florida Statutes, the above-nam office or registered agent, or both, in the State of Flo obligations of section 620.192, Florida Statutes.	Suite, Apt. #, u City red limited partnersi rida. Such change	一()后//2 米米米米 hip organized or registered under the laws of th was authorized by its general partner(s). I here DATE	1/3301166001 141 FL 3864141.25 a State of Florida, submits this statement by accept the appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	al Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CIMC ATLANTIC, L.L.C.	-46004 MARSH LANDII 2622 \	NG P	PONTE VEDRA BEACH FL	M9700000464

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 each. 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, Fighta Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number