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

FILED

98 NOV 20 PH 1: 04

1. Name of Limited Partnership	1a. DOCUMENT # B98000000289		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
REAL OPPORTUNITIES LIMITED PARTNERSHIP				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
10657 TAMPA PALMS BLVD SUITE 288 TAMPA FL 33647	10657 TAMPA PALMS BLVD SUITE 288 TAMPA FL 33847		05/04/1998 3a. Date of Last Report	\$14,000.00
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		NV	¥14,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For
City & State	City & State		7. Certificate of Status Desired	Not Applicable \$8.75 Additional
Zip Country	Zip Country			Fee Required State (See reverse side for fee information)
			40 %	
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office Name		
PIZZITOLA, VINCENT A		Street Address (P.O. Box Number Is Not Acceptable)		
10657 TAMPA PALMS BLVD., SUITE 288 TAMPA FL 33647		Suite, Apt. #, etc.		
		City Zip Code		
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 680,192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE DATE				
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.				
MUST 11. Name(s) of General Partner(s)	Address of Each General	Partner 44L		11c. Registration/
RAINBOW PROPERTIES	(201101 0301 030 office 20x Nationals)		AMPA FL 33647 90002 -12/0	E0000003436 (86)/6
				AL NOV 2 3 1998.
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 cath. 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, provide Statutes.				
SIGNATURE / MICHAEL TO THE MICHAEL DATE 11-16-98				
Typed or Printed Name of General Partner Signing Form UINCENT Przz 170/A- Daytime Telephone Number 8/3-973-10/8				