


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 28 PM 3:06

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SANDLER WEST PALM BEACH INVESTMENT LIMITED PARTNERSHIP		1a. DOCUMENT # B98000000679	
Mailing Address 448 Viking Drive Suite 220 Virginia Beach, VA 23452		Principal Office Address 448 Viking Drive Suite 220 Virginia Beach, VA 23452	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 12/3/98		5a. Capital Contributions as Shown on record. \$49,000.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date: \$49,000.00	
4. State or Country of Formation Virginia		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" 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 Corporation Service Company 1201 Hays Street Tallahassee, FL 32301	10. If changed, new Registered Agent/Office Name 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) Deborah D. Skipper as agent DATE 12-28-98

**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) Sandler West Palm Beach Investment, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 448 Viking Drive, Suite 220	11b. City, State & Zip Code Virginia Beach, VA 23452	11c. Registration/ Document Number F98000006591 300002723383--9 dce
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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) if 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 Raymond L. Gottlieb DATE 12-20-98
Typed or Printed Name of General Partner Signing Form Sandler West Palm Beach Investment, Inc.
Raymond L. Gottlieb, Vice President Daytime Telephone Number (757) 463-5000

CR2E003 (8/98)



**THE UNITED STATES
CORPORATION**
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 079695 4717887

AUTHORIZATION :

COST LIMIT : \$ 1793.75

Patricia Pizant

ORDER DATE : December 28, 1998

ORDER TIME : 11:04 AM

ORDER NO. : 079695-005

CUSTOMER NO: 4717887

CUSTOMER: Alan M. Frieden, Esq
Faggert & Frieden, P.c.
1435 Crossways Boulevard
Suite #200
Chesapeake, VA 23320-2840

ANNUAL REPORT FILING

NAME: SANDLER WEST PALM BEACH
INVESTMENT LIMITED PARTNERSHIP

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

RECEIVED
98 DEC 28 PM 12:16
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535