

**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
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FILED *LR 11/16*
98 NOV 12 PM 3:33
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A22220
GREENLEAF GARDENS, LTD.	



Mailing Address %FLYNN MANAGEMENT CORPORATION 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763	Principal Office Address %FLYNN MANAGEMENT CORPORATION 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763	3. Date Formed or Registered 03/18/1986	5a. Capital Contributions as Shown on record. \$304,975.00
		3a. Date of Last Report 12/31/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address 516 Lakeview Road	2a. Principal Office Address 516 Lakeview Road	6. FEI Number <input type="checkbox"/> Applied For 59-2907502 <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc. Unit 8	Suite, Apt. #, etc. Unit 8	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
City & State Clearwater, Florida	City & State Clearwater, Florida	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country USA 33756 Pinellas	Zip Country USA 33756 Pinellas		

9. Name and Address of Current Registered Agent FLYNN, THOMAS F 2424 ENTERPRISE ROAD, SUITE G CLEARWATER FL 33763	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 516 Lakeview Road Suite, Apt. #, etc. Unit 8 City Clearwater FL Zip Code 33756
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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) *Thomas F. Flynn* DATE **10/28/98**

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) GREENLEAF ONE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2424 ENTERPRISE ROAD, 516 Lakeview Rd, Unit 8	11b. City, State & Zip Code CLEARWATER FL 33763 33756	11c. Registration/ Document Number P97000002373
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*****\$35.00 ***\$35.00**

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 *Thomas F. Flynn* DATE **10/28/98**

Typed or Printed Name of General Partner Signing Form **Thomas F. Flynn, President** Daytime Telephone Number **727-449-1182 X 211**

Greenleaf One, Inc.

CR2E003 (8/98)