

**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
93 OCT 16 AM 7:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership ENCO MORTGAGE PARTNERS, LTD.	1a. DOCUMENT # A27656 <i>99-A2 CM</i>
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Mailing Address 4104 W. LINEBAUGH AVENUE SUITE 201 TAMPA FL 33624	Principal Office Address 4104 W. LINEBAUGH AVENUE SUITE 201 TAMPA FL 33624	3. Date Formed or Registered 12/28/1988	5a. Capital Contributions as Shown on record. \$425,000.00
2. Mailing Address 4350 W. Cypress St. Suite, Apt. #, etc. Ste 275 Tampa, FL 33607 Hills.	2a. Principal Office Address 4350 W. Cypress St. Suite, Apt. #, etc. Ste 275 Tampa, FL 33607 Hills.	3a. Date of Last Report 09/29/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
		6. FEI Number 59-2920482	<input type="checkbox"/> Applied For <input checked="" 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 HOHL, TIMOTHY M 4104 W. LINEBAUGH AVE. SUITE 201 TAMPA FL 33624	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 4350 W. Cypress St Suite, Apt. #, etc. Ste 275 City Tampa FL Zip Code 33607
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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) _____ 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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
EXEC. NAT'L DEV. CORP.	4104 W. LINEBAUGH AVE 4350 W. Cypress St Ste. 275	TAMPA FL 33624	F66032

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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) 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 *T. Hohl* DATE 10/6/98

Typed or Printed Name of General Partner Signing Form TIMOTHY M HOHL PRES. Daytime Telephone Number _____

CR2E003 (8/98)