

**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. Morham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 FEB 19 PH 2: 01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #  
**A28480**

**MOORE HAVEN COMMONS, LTD.**

Mailing Address

450 CHALLENGER RD  
CAPE CANAVERAL FL 32920

Principal Office Address

450 CHALLENGER RD  
CAPE CANAVERAL FL 32920

3. Date Formed or Registered

06/14/1989

5a. Capital Contributions as Shown on record.

\$1,500.00

3a. Date of Last Report

12/01/1997

5b. Amount of Capital Contributions in FLORIDA to date

4. State or Country of Formation

FL

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. FEI Number

59-2950806

Applied For  
 Not Applicable

7. Certificate of Status Desired



\$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

POPP, GREGORY A. ESQ.  
450 CHALLENGER RD  
CAPE CANAVERAL FL 32920

10. If changed, new Registered Agent/Office

Name

Michael A. Hartman

Street Address (P.O. Box Number is Not Acceptable)

450 Challenger Road

Suite, Apt. #, etc.

City

Cape Canaveral

FL

Zip Code

32920

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)

*Michael A. Hartman*

DATE

2/11/99

**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)

DEHARDER, ROBERT  
MCPHILLIPS, FRANCIS  
FRAZIER, JOHN

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

450 CHALLENGER RD  
450 CHALLENGER RD  
450 CHALLENGER RD

11b. City, State & Zip Code

CAPE CANAVERAL FL 329  
CAPE CANAVERAL FL 329  
CAPE CANAVERAL FL 329

11c. Registration/Document Number

990002791359--0  
-03/01/99--01153--023  
\*\*\*\*150.00 \*\*\*\*150.00

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

*Francis McPhillips*  
Francis McPhillips

DATE

12/26/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

407-799-4090

CR2E003 (8/98)