

**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
MAY 11 AM 9:25

mtk
5/11

1. Name of Limited Partnership PORTA SPRINGS, LTD.	1a. DOCUMENT # A93000000833
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Mailing Address 13925 58TH STREET NORTH CLEARWATER FL 33760	Principal Office Address 13925 58TH STREET NORTH CLEARWATER FL 33760
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 08/10/1993	5a. Capital Contributions as Shown on record \$1,845,721.00
3a. Date of Last Report 04/03/1998	5b. Amount of Capital Contributions in FLORIDA to date: 1,785,700
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
6. FEI Number 59-3195459	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 WOHLWEND, BETH 13925 58TH STREET NORTH CLEARWATER FL 33760
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	200002874287--5 -05/13/99--01087--018 ***1035.00 ***1035.00 FL
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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) *Beth Wohlwend* DATE *4/30/99*

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) PORTA HOLDINGS II, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 13925 58TH ST N 17755 U.S. 19 NORTH,	11b. City, State & Zip Code CLEARWATER FL 34624	11c. Registration/Document Number P93000058239
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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 *Michael O'Keefe* DATE *4/30/99*

Typed or Printed Name of General Partner Signing Form *Michael O'Keefe, Secretary* Daytime Telephone Number *(727) 535-2111*

CR2E003 (8/98)