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

1. Name of Limited Partnership	1a. DOCUMENT # A93000001071		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
SUN LAND ACQUISITIONS, LTD.				SEE, FLURIUA	
Mailing Address 4500 PGA BOULEVARD, SUITE 400 PALM BEACH GARDENS FL 33418	Principal Office Address 4500 PGA BOULEVARD. SUITE 400 PALM BEACH GARDENS FL 33418		3. Date Formed or Registered 10/14/1993 3a. Date of Last Report 09/23/1997	5a. Capital Contributions as Shown on record. \$200,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 65-0461058	Applied For Not Applicable	
City & State Zip Country	City & State Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
	·	<u> </u>	8. Make check payable to: Dept. of St	ate (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
DIVOSTA, OTTO B					
4500 PGA BOULEVARD, SUITE 400		reet Address (P.O. B	ress (P.O. Box Number Is Not Acceptable)		
PALM BEACH GARDENS FL 33418	Suite, Apt. #, etc				
	C	ity		FL Zip Code	
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 Acceptling Appointment)					
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)	Address of Each General Part (Do NOT Use Post Office Box Nu	ner 11b.	City, State & Zip Code	11c. Registration/ Document Number	
SUN LAND ACQUISITIONS, INC.	4500 PGA BOULEVARD, S		M BEACH GARDENS FL	P93000071498	
4 ;			000026 -11/03/: ****526	795302 801083-004 5.25 ****526.25	
			AL	NOV - 2 1998	
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 \$20, Florida Statutes.

SIGNATURE

Sun Land Acquisitions, Inc.

Daytime Telephone Number

Otto B. DiVosta, Pres.

(561) 627-2112