

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 APR -2 AM 11:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership COMMUNITY INVESTORS, LTD.		1a. DOCUMENT # A95000000736	
Mailing Address P.O. BOX 3516 SEMINOLE FL 33775	Principal Office Address 8001 STIMIE AVENUE N ST. PETERSBURG FL 33710	3. Date Formed or Registered 05/08/1995	5a. Capital Contributions as Shown on record \$30,000.00
2. Mailing Address	2a. Principal Office Address 12588 Capri Cir N	3a. Date of Last Report 01/05/1998	5b. Amount of Capital Contributions in FLORIDA to date 23,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State Treasure Island, FL	6. FEI Number 59-3313089	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Zip 33706	7. Certificate of Status Desired <input type="checkbox"/>	8. Make check payable to Dept. of State (See reverse side for fee information)
Country	Country USA		

9. Name and Address of Current Registered Agent HOFSTRA, PETER T 8640 SEMINOLE BLVD. SEMINOLE FL 34842	10. I changed, new Registered Agent/Office Name Bea Beatty Street Address (P.O. Box Number is Not Acceptable) 12588 Capri Circle N Suite, Apt. #, etc. City Treasure Island FL Zip Code 33706
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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) *Bea Beatty* DATE **3-26-99**
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) HAPPY HOMES, INC. OF PINELLA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) P.O. BOX 3516 c/o Bea Beatty 12588 Capri Cir N	11b. City, State & Zip Code LARGO FL 34643 Semin Treasure Island	11c. Registration/Document Number 521616
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sv 4-8-99 ****249.75 ****249.75

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 *Community Investors Ltd P
By Happy Homes Inc of Pinellas County
Its - Helen Pastorek
By Bea Beatty, Sign* DATE **3-26-99**
Typed or Printed Name of General Partner Signing Form *By Bea Beatty, Sign* Daytime Telephone Number **727-363-3626**

CR2E003 (1-2/98)