

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 14 AM 10:31

<b>1. Name of Limited Partnership</b>  WESTSIDE MOBILE HOME PARK LTD.	<b>1a. DOCUMENT #</b> <b>A96000000816</b>
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<b>Mailing Address</b> 12951 JULINGTON RIDGE DRIVE EAST JACKSONVILLE FL 32258	<b>Principal Office Address</b> 5515 118TH STREET JACKSONVILLE FL 32244	<b>3. Date Formed or Registered</b> 04/30/1996	<b>5a. Capital Contributions as Shown on record.</b> \$105,000.00
		<b>3a. Date of Last Report</b> 12/19/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b> \$105,000.00
		<b>4. State or Country of Formation</b> FL	
<b>2. Mailing Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country	<b>6. FEI Number</b> 59-3390649	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		<b>7. Certificate of Status Desired</b>	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>			

<b>9. Name and Address of Current Registered Agent</b>  DUPREL, MICHAEL A SR. 12951 JULINGTON RIDGE DRIVE EAST JACKSONVILLE FL 32258	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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
VENTURE REAL ESTATE INC.	12951 JULINGTON RIDGE	JACKSONVILLE FL 32258	P95000093233
700002719677--6 -12/22/98--01033--014 ****535.00 ****535.00			

**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 \_\_\_\_\_

DATE 12/10/98

Typed or Printed Name of General Partner Signing Form

MICHAEL A. DUPREL SR, P. VENTURE

Daytime Telephone Number

904-299-2113

VENTURE REAL ESTATE INC

CR2E003 (8/95)