

**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

99 OCT 15 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A96000002120

ENTREPRENEUR ASSOCIATES, LTD.

99-AR
CM

Mailing Address

Principal Office Address

~~567 RIVERSIDE DRIVE~~
~~PALM BEACH GARDENS FL 33410~~

~~567 RIVERSIDE DRIVE~~
~~PALM BEACH GARDENS FL 33410~~

3. Date Formed or Registered

11/15/1996

5a. Capital Contributions as Shown on record.

\$495,000.00

3a. Date of Last Report

09/15/1997

5b. Amount of Capital Contributions in FLORIDA to date:

0

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

9090 S.E. 70TH TERRACE

9090 S.E. 70TH TERRACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, FL.

City & State

OCALA, FL.

Zip

34472 MARION

Zip

34472 MARION

6. FEI Number

65-0709172

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

10. If changed, new Registered Agent/Office

HERRITT, JAMES R
~~567 RIVERSIDE DRIVE~~
~~PALM BEACH GARDENS FL 33410~~

Name

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

9090 S.E. 70TH TERRACE

Suite, Apt. #, etc.

City

OCALA,

Zip Code

FL 34472

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

ENTERPRISE ASSOCIATES, INC.

~~567 RIVERSIDE DRIVE~~
9090 S.E. 70TH
TERRACE,
OCALA, FL. 34472

~~PALM BEACH GARDENS FL~~
OCALA, FL. 34472

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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 E. Irene Rector E. IRENE RECTOR

DATE OCT. 10, 1998

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 352-347-8497

CR2E003 (8/98)