

**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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 15 PM 12: 59

1. Name of Limited Partnership	1a. DOCUMENT # A96000002411
PALMETTO DUNES, LTD.	



Mailing Address 3300 S. HIWASSEE RD., SUITE 107 ORLANDO FL 32835	Principal Office Address 3300 S. HIWASSEE RD., SUITE 107 ORLANDO FL 32835	3. Date Formed or Registered 12/23/1996	5a. Capital Contributions as Shown on record. \$14,012,050.00
		3a. Date of Last Report 01/21/1998	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address P.O. Box 4961 Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	6. FEI Number 62-1667777 -APPLIED FOR	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State ORLANDO, FLORIDA	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32802-4961	Country USA	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent B&C CORPORATE SERVICES OF CENTRAL FLORIDA 390 N. ORANGE AVE., SUITE 1100 ORLANDO FL 32801	10. If changed, new Registered Agent/Office 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
PALMETTO DUNES, INC.	3300 S. HIWASSEE RD.	ORLANDO FL 32835	P96000102142
3000002722623--9 -12/24/98--01101--013 ****526.25 ****526.25 MK 12/15/99			

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.

By: Palmetto Dunes, Inc.
SIGNATURE By: Steven G. Kropp DATE 12/9/98
Typed or Printed Name of General Partner Signing Form Steven G. Kropp, Pres. Daytime Telephone Number _____

CR2E003 (8/98)