

**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** *11/12*  
98 NOV -9 PM 1:56  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

1. Name of Limited Partnership  C O P, LTD.	1a. DOCUMENT # <b>A97000002724</b>
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Mailing Address <del>735 COLORADO AVENUE SUITE 6 STUART FL 34994</del>	Principal Office Address <del>735 COLORADO AVENUE SUITE 6 STUART FL 34994</del>	3. Date Formed or Registered 12/16/1997	5a. Capital Contributions as Shown on record.  \$2,000.00
		3a. Date of Last Report 12/22/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address P.O. Box 2771 Suite, Apt. #, etc.	2a. Principal Office Address 218 Royal Palm Way Suite, Apt. #, etc.	6. FEI Number <i>65-0808472</i> APPLIED FOR	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State Palm Beach, FL	City & State Palm Beach, FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 33480	Zip 33480	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  HAISFIELD, RANDY <del>735 COLORADO AVENUE SUITE 6 STUART FL 34994</del>	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) <i>218 Royal Palm Way</i> Suite, Apt. #, etc. City <i>Palm Beach</i> FL Zip Code <i>33480</i>
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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)  SE FLORIDA PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  735 COLORADO AVENUE,	11b. City, State & Zip Code  STUART FL 34994	11c. Registration/ Document Number  P97000105307
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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 *Randy Haisfield, Pres. of G.P.* DATE *10/8/98*  
Typed or Printed Name of General Partner Signing Form *Randy Haisfield, Pres* Daytime Telephone Number *(561) 655-2829*

CR2E003 (8/98)