

**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

93 MAR 17 PM 4: 13



1. Name of Limited Partnership		1a. DOCUMENT # A98000002034	
SOUTH FOUNTAIN COURT, LTD.			
Mailing Address		Principal Office Address	
2159 ANDREA LANE, D-4 FORT MYERS FL 33912		2159 ANDREA LANE, D-4 FORT MYERS FL 33912	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
3. Date Formed or Registered		5a. Capital Contributions as Shown on record	
08/31/1998		\$10.00	
3a. Date of Last Report		5b. Amount of Capital Contributions in FLORIDA to date	
		\$10.00	
4. State or Country of Formation		6. FEI Number	
FL		65-08658172	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
		\$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	
LEVAN, TERRIS T 2159 ANDREA LANE, D-4 FORT MYERS FL 33912		Name Street Address (P.O. Box Number) Suite, Apt. #, etc. City	
		FL 33912-4 03/25/99-01099-007 ***141.25 ***141.25	

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
FCP OF SOUTH FLORIDA, INC.	2159 ANDREA LANE, D-4	FORT MYERS FL 33912	P98000068761

SL
3-23-99

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 I do 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

Terris T. LeVan

DATE

3/14/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

941-482-4580

CR2E003 (12/98)