

**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
99 APR -8 PM 1:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # A98000002638	
FLORIDA 5 STAR PROPERTIES, LTD.			
Mailing Address		Principal Office Address	
215 CENTRAL AVENUE ST PETERSBURG FL 33731		215 CENTRAL AVENUE ST PETERSBURG FL 33731	
2. Mailing Address		2a. Principal Office Address	
P.O. Box 203 Suite, Apt. #, etc.		215 Central Ave Suite, Apt. #, etc.	
City & State		City & State	
St. Petersburg, FL Country USA		St. Petersburg, FL Country USA	
Zip		Zip	
33731		33701	

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
11/30/1998	\$1,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
	0
4. State or Country of Formation	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
FL	<input type="checkbox"/> \$8.75 Additional Fee Required
6. FEI Number	7. Certificate of Status Desired
	<input type="checkbox"/>
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
JACKSON, ED 215 CENTRAL AVENUE ST PETERSBURG FL 33731	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
	200010028-42017-0002 -04/16/99-01030-002 ***158.75 FL ***158.75

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
JACKSON, ED	215 CENTRAL AVE	ST PETERSBURG FL 33731	
		6/11/99	

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.

SIGNATURE _____ DATE 4/1/99

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (12/98)