

**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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC 14 PM 1:47

1. Name of Limited Partnership

1a. DOCUMENT #
B98000000263

GROWERS EQUIPMENT II LIMITED PARTNERSHIP



0012/21

Mailing Address

Principal Office Address

628 SOUTH GREENWAY AVE.
PUEBLO WEST CO 81007

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PUEBLO WEST CO 81007

3. Date Formed or Registered

04/20/1998

5a. Capital Contributions as Shown on record.

\$70,000.00

3a. Date of Last Report

N/A.

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

\$ 70,000.00

4. State or Country of Formation

TX

6. FEI Number

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)

2. Mailing Address

931 S Bayonne Dr
Suite, Apt. #, etc.

2a. Principal Office Address

931 S Bayonne Dr
Suite, Apt. #, etc.

City & State

PUEBLO W Co
Zip Country

City & State

PUEBLO W Co
Zip Country

81007 PUEBLO

81007 PUEBLO

9. Name and Address of Current Registered Agent

SCHERER, BARBARA
4 LEMINGTON CT
HOMOSASSA FL 34446

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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)

SLAGLE, ROBERT B

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

12610 JUPITER RD., #3

11b. City, State & Zip Code

DALLAS TX 75238

11c. Registration/Document Number

300002720243--8
-12/23/98-01016-013
***526.25 ***526.25

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

Robert B. Slagle

DATE 12/9/98

Typed or Printed Name of General Partner Signing Form

ROBERT B. SLAGLE

Daytime Telephone Number

719-647-0828

CR2E003 (8/98)