

**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
Secretary of State
DIVISION OF CORPORATIONS

2/21/26
FILED
99 JAN 15 PM 3:51
TALLAHASSEE, FLORIDA

1. Name of Partnership

MOORE PROPERTIES, LTD.
WHIPPOORWILL LANE
RT. 15 BOX 3752
LAKE CITY, FL 32024

1a. DOCUMENT #
A25117

Mailing Address

Principal Office Address

2. Mailing Address

WHIPPOORWILL LANE
State, Apt. #, etc.
RT 15 BOX 3752
City & State
LAKE CITY, FL
Zip
32024 USA

2a. Principal Office Address

WHIPPOORWILL LANE
State, Apt. #, etc.
RT 15 BOX 3752
City & State
LAKE CITY, FL
Zip
32024 USA

3. Date Partnership Registered

09/01/1987

3a. Date of Last Report

12/1998

4. State of Incorporation

FLORIDA

6. ID Number

650004480

7. Current Registered Agent

8. Maximum payable to Dept of State for registration fee

5a. Current Registered Agent

\$1,762,200.00

5b. Registered Agent

\$1,762,200.00

Approved For
Not Applicable

\$8.75
Per Business

9. Name and Address of Current Registered Agent

SHEAR, MURRAY D.
c/o BROAD & CASSEL
MIAMI CENTER #3000
201 S. BISCAYNE BLVD
MIAMI, FL 33131

Name

Street Address (not Box Number) or P.O. Address

State, Apt. #, etc.

City

FL Zip Code

10a. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply to the exemption stated in Section 119.07(3)(b) of the Florida Statutes. I further certify that the information supplied in this report is true and accurate and that my signature shall have the same legal effect as if it were made by me. I further certify that I am a General Partner of the limited partnership described herein and am authorized to execute this report as required by chapter 620, Florida Statutes.

Signature (they also sign Accepting Appointment)

DAB

**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)

BRADEN, JULIANNE

11a. Address of Each General Partner (Not P.O. Box or Post Office Box Number)

WHIPPOORWILL LANE
RT 15 BOX 3752

11b. City and State, Zip Code

LAKE CITY, FL

11c. Document Number

A25117

30000002758988-4
01/29/99-01075-012
****26.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I hereby certify that the information supplied with this filing is voluntarily furnished and does not apply to the exemption stated in Section 119.07(3)(b) of the Florida Statutes. I further certify that the information supplied in this report is true and accurate and that my signature shall have the same legal effect as if it were made by me. I further certify that I am a General Partner of the limited partnership described herein and am authorized to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Julianne Braden

Type or Print Name of General Partner Signing Form

Julianne Braden

DATE 12/29/1999

Print or Telephone Number 904 735 6615

CR2502 (9/95)