


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	
1. Name of Limited Partnership 1725 MLK LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001731	
2. Mailing Address 1725 W DR. MARTIN LUTHER KING JR BLVD TAMPA FL 33607		2a. Principal Office Address 5609 N. ARMENIA AVE TAMPA FL 33603	
3. Date Formed or Registered 07/30/1997		5a. Capital Contributions as Shown on record \$2,000.00	
3a. Date of Last Report 01/05/1998		5b. Amount of Capital Contributions in FLORIDA to date	
4. State or Country of Formation FL		6. FEI Number 59-3462267 <input checked="" type="checkbox"/> APPLIED FOR <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 FINANCIAL ANALYSIS AND REPORTS, INC. 1725 W DR M.L. KING BLVD TAMPA FL 33607		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
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.		11. Name(s) of General Partner(s) FINANCIAL ANALYSIS AND REPOR	
11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5609 N. ARMENIA AVE		11b. City, State & Zip Code TAMPA FL 33603	
11c. Registration/Document Number S45452		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  Typed or Printed Name of General Partner Signing Form		DATE 12/28/98 Daytime Telephone Number	

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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