

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN -4 AM 10: 59

1. Name of Limited Partnership	1a. DOCUMENT # <b>A02818</b>
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SYLVAN PLAZA, LTD.



Mailing Address 380 S. SR 434 SUITE 1004-114 ALTAMONTE SPRINGS FL 32714	Principal Office Address 380 S. SR 434 SUITE 1004-114 ALTAMONTE SPRINGS FL 32714	3. Date Formed or Registered 02/08/1974	5a. Capital Contributions as Shown on record. \$36,450.00
		3a. Date of Last Report 12/26/1997	5b. Amount of Capital Contributions in FLORIDA to date: 36,450.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-1509079	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	343.90

9. Name and Address of Current Registered Agent DRAKE, T. MICHAEL 380 S. SR 434 STE 1004-114 ALTAMONTE SPRINGS FL 32714	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) DRAKE, T. MICHAEL MCCAMMON, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 380 S. SR 434 STE 100 234 RIVER VILLAGE DR.	11b. City, State & Zip Code ALTAMONTE SPRINGS FL DEBARY FL 32713	11c. Registration/Document Number 412002
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**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 T. Michael Drake GENERAL PARTNER DATE 12/21/98  
Typed or Printed Name of General Partner Signing Form T. Michael Drake Daytime Telephone Number 407 682-7078

CR2E003 (8/98)