## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # Ä04914

97 OCT 24 AM 11: 37 SECRETARY OF STATE TALLAHASSEE, FLORIDA,



LIMEST	ONE	LAND	LTD
			L. I D.

	de M	•		
Mailing Address	Principal Office Address	3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
P.O. BOX 385	P.O. BOX 385	05/25/1976	\$1,200.00	
WAUCHULA FL 33873	WAUCHULA FL 33873	3a. Date of Last Report	- Ψ1,200,00	
		09/12/1996	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	to date:	
EI Midding Mooides	Zai Filipopa Office Address	FL	1.200 =	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	Applied For	
City & State	City & State	59-1693028	Not Applicable	
		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. o	State (See reverse side for fee Information)	
9. Name and Address of Current Registered Agent		10. If changed, new Registere	ed Agent/Office	

9, Name and Address of Current Registered Agent	<ol> <li>If changed, new Registered Agent/Office</li> </ol>		
FARR, WALTER S.	Name		
218 SOUTH 6TH AVENUE	Street Address (P.O. Box Number Is Not Acceptable)		
WAUCHULA FL 33873	Suite, Apt. #, etc.		
	City FL Zip Code		
10a Pursuant to the provisions of sections 620 1051 and 620 192. Florida Statutes, the a	hove-named limited partnership organized or registered under the laws of the State of Florida, submits this sta	tement	

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)

Name(s) of General Partner(s)

## A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

CARLTON, DOYLE E. III Ward, Dayid E., Jr.

11.

218 SOUTH 6TH AVENUE

City, State & Zip Code

Registration/ Document Number

1925 BAYSHORE BLVD.

WAUCHULA FL

TAMPA FL

11b.

100002331171-- 4 -10/28/97--01023---014

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

I do hereby certify that the Information supplied with this filling 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.