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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

MACPINE APARTMENTS, LTD.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A04923

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SECRETARY	( );	SZAL

						(44) BIBII BIBII BIBII BIBII 1691	
Mailing Address	Principal Office Address P. O. BOX 1327 WAUCHULA FL 33873			3. Date Formed or Registered	5a. Capital Contributions as Snown on record		
P.O. BOX 1327 WAUCHULA FL 33873			}	06/02/1976 3a. Date of Last Report			
WAUCHULA PL 338/3 WAUCHULA PL 330/3				01/02/1998 5b. Amount of Cas		ibutions in FLORIDA	
2. Mailing Address	2a. Principal Office Address  Suite, Apt #, etc  City & State			4. State or Country of Formation FL	to date		
Suite, Apt. #, etc.				6. FEI Number	Applied For Not Applicable		
City & State			-	59-1980087			
Zip Country	Zip Country Zip Count		! }	7. Certificate of Status Desired  8. Make Check payable to Dept. of	Desired \$8.75 Additional Fee Required out Dept. of State (See reverse side for tee information		
	. 1 .		i				
9. Name and Address of Current Registered Agent Name			10. If changed, new Registered Agent/Office				
WHEELER, GEORGE T	Street Address (P.O.		ess (P.O. Bo	Box Number Is Not Acceptable)			
1440 CITRUS DRIVE		Suite, Apt #	t, etc.				
WAUCHULA FL 33873		City Zip Code				Zip Code	
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations	egistered agent or both, in the State of F	l med limited partner lorida Such change	rship organi. e was autho	and or registered under the laws of the fized by its general partner(s). I hereb	eState of Florid ly accept the ap	I a, sebouits this statement pointment of registered	
StGNATURE (Registered Agent Accepting Appointment)	Lange	May	X	DATE	. 12-	29-25	
A GENERAL PARTNER THAT				NERSHIP OR OTHE H THIS OFFICE.	R BUSI	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office		11b.	Orty, State & Zip Code	11c.	Registration/ Document Number	
WHEELER, JANICE P 3711 OAK HILLS RANCH		ZOLI	FO SPRINGS FL 3389				
				promitalia) ((27)) *****	• <b>• • • • • • •</b> • • • • • • • • • • • • •	1009-016 ****201.15	
						x* **	
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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 Trelease the Division of Two nevery certify that the minimators supplied with this limit is vibratianly turnished and does not quality for the exemption stated in Section 119 07(3)(k). Frond Statistics The Division of Corporations from any habitity 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 I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes

Junice Phleeler

DATE 12-29-98 Daytime Telephone Number 941-375-2272