


**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		FILED 99 FEB 16 PM 2:40 STATE OF FLORIDA TALLAHASSEE	
1. Name of Limited Partnership SAMPLE ENTERPRISES, LTD.		1a. DOCUMENT # A05426			
Mailing Address % REGENCY HOMES 2826 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33065-1425		Principal Office Address % REGENCY HOMES 2826 NORTH UNIVERSITY DRIVE CORAL SPRINGS FL 33065-1425		3. Date Formed or Registered 12/29/1976 3a. Date of Last Report 12/12/1997 4. State or Country of Formation FL	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		5a. Capital Contributions as Shown on record \$240.00 5b. Amount of Capital Contributions in FLORIDA to date \$8.75 Additional Fee Required <input type="checkbox"/> Applied For <input checked="" 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 MARTZ, BENNY L %REGENCY HOMES 2826 N. UNIVERSITY DR CORAL SPRINGS FL 33065-1425			10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code		
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) MARTZ, BENNY L		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2826 N. UNIVERSITY DR		11b. City, State & Zip Code CORAL SPRINGS FL	
11c. Registration/Document Number 2000002791352--2 -03/01/99--01153--020 ****141.25 ****141.25		doe			
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 20, Florida Statutes.					
SIGNATURE Typed or Printed Name of General Partner Signing Form		BEN L. MARTZ Daytime Telephone Number 954-755-1775			

CR2E003 (8/98)