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 FILLD SECRETARY OF STATE DIVISION OF CORPORATIONS

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1. Name of Limited Partnership	1a. DOCU A07021			J. 001	6 1 3 1	rius PV	
SOUTH PACIFIC ENTERPRISES, LIMITED PARTNERSHIP							
Mailing Address	Principal Office Address	Principal Office Address		Pate Formed or Registered	5a. Capital Contributions as Shown on record.		
675 ROYAL PALM BEACH BOULEVARD	675 ROYAL PALM BEACH I	675 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH FL 33411		12/01/1978 38. Date of Last Report 10/02/1997		\$370,000.00 5b. Amount of Capital Contributions in FLORIDA	
ROYAL PALM BEACH FL 33411	ROYAL PALM BEACH FL 3						
•							
2. Mailing Address	2a. Principal Office Address		ı	tate or Country of Formation	ion to date:		
Suite, Apt. #, etc.	Suite Ant # etc	Suite, Apt. #, etc.		6. FEI Number			
				59-1894668 Applied For Not Applicable			
City & State	City & State			ertificate of Status Desired	ū	\$8.75 Additional Fee Required	
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee Information)			
9 Name and Address of	of Current Registered Agent	1	11	. If changed, new Registered	Agent/Office		
	or carrent tradesorous regulit	Name	·	G. Housingsoftware registered	0110011100		
Santamari a , Jess R. 155 galian o street		Street Addr	ess (P.O. Box Num	ber Is Not Acceptable)			
ROYAL PALM BEACH FL 33411		Sulte, Apt. #, etc.					
	City FL Zip Code						
	0.1051 and 620.192, Florida Statutes, the abovi office or registered agent, or both, in the State obligations of section 620.192, Florida Statutes.	of Florida. Such chang	ership organized or ge was authorized b	registered under the laws of the by its general partner(s). I hereb	State of Florid	a, submits this statement pointment of registered	
SIGNATURE (Registered Agent Accepting Appoint	ment)			DATE.			
A GENERAL PARTNER	THAT IS A CORPORATIO MUST BE REGISTERED	N, LIMITED AND ACTIV	PARTNEI /E WITH T	RSHIP OR OTHE HIS OFFICE.	R BU S II	NESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each	General Partner ffice Box Numbers)	11b. •	City, State & Zip Code	11c.	Registration/ Document Number	
santama ri a, jess r.	155 GALIANO ST.			ROYAL PALM BEACH FL			
•				30000s	779	N03-010	
· ;				******	26.125/	1****52 6.2 5	
						1	

12. I do hereby perify 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 path. 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

SANTAMARIA

Daylime Telephone Number,