



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 98 NOV 17 AM 8:27 SECRETARY OF STATE TALLAHASSEE FLORIDA	
1. Name of Limited Partnership  CERNY VILLAGE, LTD.		1a. DOCUMENT # A07928			
Mailing Address 2120 DREW STREET CLEARWATER FL-34625 33765		Principal Office Address 2120 DREW STREET CLEARWATER FL-34625 33765		3. Date Formed or Registered 09/13/1979	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/23/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record. \$80,010.00	
Zip Country 33765		Zip Country 33765		5b. Amount of Capital Contributions in FLORIDA to date. <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. FEI Number 59-1949638	
				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 FUNK, RICHARD B. 2120 DREW ST. CLEARWATER FL 33518 33765				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)		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b. City, State & Zip Code	
J.R.S. EQUITIES, INC. FUNK, RICHARD B.		2120 DREW STREET 25 HIBISCUS RD. 114 HARBOR VIEW LN		CLEARWATER FL 33765 BELLEAIR FL Largo, FL 33770	
				590286	
				000002685350--5 -11/24/98--01055--003 ****526.25 ****526.25	
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 _____ DATE _____					
Typed or Printed Name of General Partner Signing Form RICHARD B. FUNK Daytime Telephone Number 727-442-3117					

CR2E003 (8/98)