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

Sanüra B. Mortham

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF CORPORATIONS

99 APR 27 PH 1: nc

1. Name of Limited Partnership	1a. DOCUMENTA 10606				22 MIN 23 111 1.00		
VILLAGER PROPERTIES LTD. NO. 2							
Mailing Address 1411 EDGEWATER DRIVE, SUITE 101 ORLANDO FL 32804	Principal Office Address 4700 S. BARNA AVE. TITUSVILLE FL		3. Date Formed or Registered 06/04/1981 3a. Date of Last Report 12/23/1997		5a. Capital Contributions as Shown on record \$505,000.00 5b. Amount of Capital Contributions in FLORIDA to date		
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	1 _	39,000		
Suite, Apt #, etc. City & State	Suite, Apt. #, etc. City & State		6, FEI Number 59-2095589	<u> </u>	Applied For Not Applicable		
Zip Country	Zip Count	ry	7. Certificate of Status Desired 8. Make check payable to Dept of	State (See reve	\$8.75 Additional Fee Required		
9. Name and Address of C	urrent Registered Agent Nam	16	10. If changed, new Registered	d Agent/Office			
HEWITT, ROBERT W 1141 EDGEWATER DRIVE ORLANDO FL 32803		Stree! Address (P.O. Box Number Is Not Acceptable) Suite: Apt. #, etc City L Zip Code					
for the purpose of changing its registered off agent. I am familiar with, and accept the obli-		h change was aut	horized by its general partner(s) hereb	e State of Floric by accept the ap	pointment of registered		
	IUST BE REGISTERED AND AC	CTIVE WI		K BUSI			
11. Name(s) of General Partner(s)	11a. Address of Each General Partrie (Do NOT Use Post Office Box Numb	pers) 11b.	City, State & Zip Code	11c.	Registration/ Document Number		
HEWITT, ROBERT W	1355 SPRINGLAKE DRIVE	OF	ilando fl				
HEWITT, JAMES L	1130 BELLEAIRE CIRCLE	OF	tLANDO F) CHOROLOGY: -05/204/ *****	B C: D13 73001 38, 75	377 1 - 81 003012 *****88.75		
•		; ;	1 (10)(10)22 -05/04 ****4	1783 n	81 71 81 1003013 *****437.50		
Note: General partners MAY	NOT be changed on this form; an	amendme	ent must be filed to ch	ange a g	eneral partner.		
Corporations from any liability of non-compliant	with this filing is voluntarily furnished and does not qualify to with Section 119.07(3)(k) in the event that the information my signature shall have the same legal effects as if made to	n supplied is deer	ned exempt from public access. I further	r cerlify that the	information indicated on		

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 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, Floride Statutes.
SIG	ENATURE / CRISTANTE DATE 11/1/98
Typed	or Printed Name of General Partner Signing Form Robert W. HeWith Daytime Telephone Number 407-318-73.70