

**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
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FILED 1/28
99 JAN 25 PM 12:27

FILED IN
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership THE ACTIVITY CENTER, LTD.		1a. DOCUMENT # A11652
Mailing Address 3705 S.W. 42ND AVE #1 GAINESVILLE FL 32614	Principal Office Address P.O. BOX 140239 GAINESVILLE FL 32614-0239	
2. Mailing Address P.O. BOX 140239 Suite, Apt #, etc. City & State GAINESVILLE Zip Country FL 32614	2a. Principal Office Address 3705 SW 42ND AVE #1 Suite, Apt #, etc. City & State GAINESVILLE Zip Country FL 32614	

3. Date Formed or Registered 12/10/1981 3a. Date of Last Report 12/18/1997 4. State or Country of Formation FL 6. FEI Number 59-2154083 7. Certificate of Status Desired ☒ \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	5a. Capital Contributions as Shown on record \$7,350.00 5b. Amount of Capital Contributions in FEI Office to date ☐ Applied For ☐ Not Applicable
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9. Name and Address of Current Registered Agent CHESBOROUGH, LOWELL D. 3705 SW 42ND PLACE GAINESVILLE, FL FL 32608	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt #, etc. City FL Zip Code
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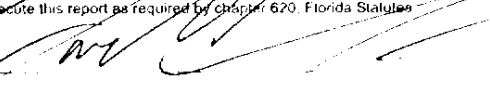
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of 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) CHESBOROUGH, LOWELL D	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3705 SW 42ND PLACE	11b. City, State & Zip Code GAINESVILLE FL	11c. Registration Document Number 10000027670003 - - C 02/08/99 - 01017--012 ****150.00 ****150.00
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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)(x), 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 effect 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  Typed or Printed Name of General Partner Signing Form: LOWELL D. CHESBOROUGH	DATE 1/25/98 Daytime Telephone Number (352) 377-8500
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CP2E003 (8/98)