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

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A11903**

1042-19 (Waterford

FILED

99 JAN -4 PM 2:40

SECRETARY OF STATE TALLAHASSEE, FLORIDA

EVERGLADES ROAD ASSOCIATES, LTD.				
Mailing Address	Principal Office Address	, -	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
P. O. BOX 49948 SARASOTA FL 34230-6948	P. O. BOX 49948 SARASOTA FL 34230-6948		01/07/1932 3a. Date of Last Report 01/05/1998	\$1,620,555.57
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number	\$1,620,555.57
City & State	City & State	·	59-2151176	Not Applicable
Zip Country	Zip	Country	7 - Certificate of Status Desired 8. Make check payable to: Dept. of	\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
RUSSELL, JEFFREY S. 240 SOUTH PINEAPPLE AVE		Name Street Address (P.O. Box Number Is Not Acceptable)		
10TH FLOOR	ı	Suite, Apt. #, etc.	•	,
SARASOTA FL 34236		City		FL Zip Code
for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by its general pertner(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 (Do NOT Use Post Office Bo)	Partner (Numbers) 111	City, State & Zip Code	11c. Registration/ Document Number
TARUE CORP.	P. O. BOX 49948 N/A		SARASOTA FL 34230-694	F42877 7-4-9-0-6-1
			-U1/Z1 ****S	
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 be out the same legal effects as if made under oath. I further certify that I arn a General Partner of the limited partnership, receiver or trustee empowered to execute this report as equired by chapter 620 for the statutes. SIGNATURE DATE				
SIGNATURE DATE 12/29/98 David Signard, as Director of Tarue Corp., a Florida Corporation Typed or Printed Name of General Partner Signing Form gangeral partners Dayline Telephone Number 4441346 - 6466				
<i>\</i>			-	/