## 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

1. Name of Limited Partnership

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # A12240

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 29 AM 10: 51

| Mailing Address Principal Office Address Principal Office Address Principal Office Address Principal Office Address Pour for Formation Shown on record.  1300 METROPOLITAN BLVD. 1300 METROPOLITAN BLVD. P.O.B OX 14019 P.O.B OX 14019 P.O.B OX 14019 TALLAHASSEE FL 32317-4019 TALLAHASSEE FL 32308 |   | A12240   |  |  |  |   |
|--|---|--|--|--|--|---|
| Mailing Address Principal Office Address   3, Dali Formation Pregistered   Sal. Capital Conditionations as Simple Principal Office Address   33, Dali Formation Pregistered   Sal. Capital Conditionations as Simple Property of Country   1200 METROPOLITAN BLVD. P.O. 8 OX 14019   TALLAHASSEE FL 32317-4019   33. Data of Last Report   12/23/1997   4. State of Country of Formation FL   500,000.000   500, April 4019   500,000.000   500,000. | TALLAHASSEE HOMESHARES, LTD.                                    |  |  |  |  |   |
| 1300 METROPOLITAN BLVD. P.O.B OX 14019 TALLAHASSEE FL 32317-4019 TALLAHASSEE FL 32318 TO Country TallahASSEE FL 32318 TO Country TallahASSEE FL 32308 TO THIS TALLAHASSEE FL 32308 TALLAHASSEE FL 32 | Mailing Address   | Principal Office Address                                 | <del></del>  | 3. Date Formed or Registered   | 5a. cap  | tal Contributions as                                  |
| 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Mailing Address 2. Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi   | P.O.B OX 14019  | P.O.B OX 14019   |  | 3a. Date of Last Report<br>12/23/1997  | \$100,000.00  5b. Amount of Capital Contributions in FLORIDA |   |
| Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  City & State  City & State  Country  Zip  Country  R, Make check payable to: Dept. of State (Sue reverse able for fee information  9, Name and Address of Current Registered Agent  10, if changed, new Registered Agent/Office  NOBLIN, MILLARD J.  1300 METROPOLITAN BOULEVARD  TALLAHASSEE FL 32308  Suite, Apt. #, etc.  City  FL  Zip Code  Zip Code  Tity  FL  Zip Code  To the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by its general partner(e). I hereby accept the appointment of registered agent, or both, in the State of Florids. Such change was authorized by its general partner(e). I hereby accept the appointment of registered agent. Accepting Appointment of Registered Agent Accepting Appointment of The State of Florids. Such change was authorized by its general partner(e). I hereby accept the appointment of registered Agent Accepting Agent Accepting Appointment of registered Agent Accepting Agent | 2. Mailing Address  | 2a. Principal Office Address                             |  | -  |  |   |
| Tourity   Tour   | Suite, Apt. #, etc.   | Suite, Apt. #, etc.                                      |  | 6. FEI Number  | 1.   |   |
| The Required Required Registered Agent Country  8. Make check payable to: Dept. of State (See reverse side for fee information of the information of the information of the provisions of sections 620.192. Florida Statutes, the above-named limited partmenthip organized or registered Agent accept the appointment of registered Agent Accept partment of registered Agent Accept partment of registered Agent Accept partment of registered agent, or both, in the State of Florida. Such change was authorized by its general partmer(s). I hereby accept the appointment of registered Agent Accepting Appointment)  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)  12. Part Registration of State of Partner S | City & State  | City & State   |  |  |  | Not Applicable  |
| 9. Name and Address of Current Registered Agent/Office  NOBLIN, MILLARD J.  1300 METROPOLITAN BOULEVARD  TALLAHASSEE FL 32308  Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptab | Zip Country   | Zip Country  |  |  |  | Fee Required  |
| NOBLIN, MILLARD J.  1300 METROPOLITAN BOULEVARD TALLAHASSEE FL 32308    Suite, Apt. #, etc.  |   |  | ** "   | 8. Make check payable to: Dept. of S   | State (See rev   | erse side for fee information                         |
| NOBLIN, MILLARD J. 1300 METROPOLITAN BOULEVARD TALLAHASSEE FL 32308  Streat Address (F.O. Box Number is Not Acceptable)  Streat Address of E.O. Box Number is Not Acceptable)  Streat Address of E.O. Box Number is Not Acceptable)  Streat Address of E.O. Box Number is Not Acceptable)  Streat Address of E.O. Box Number is Not Acceptable)  Streat Address of E.O. Box Number is Not Acceptable)  Tallahasse of F.O. Box Number is Not Acceptable)  Streat Address of E.O. Box Number is Not Acceptable)  Tallahasse of F.O. Box Number is Not Acceptable in Elevas of Florida, submits this sitiatement for registered under the laws of the State of Florida, submits this sitiatement for registered under the laws of the State of Florida, submits this sitiatement for registered under the laws of the State of Florida, submits this sitiatement for registered under the laws of the State of Florida, submits this sitiatement for registered under the laws of the State of Florida, submits this sitiatement for registered under the laws of the State of Florida, submits this sitiatement for registered under the laws of the State of Florida, submits | 9. Name and Address of Current                                  | Registered Agent   |  | 10. If changed, new Registered   | Agent/Office   |   |
| Street Address (P.C. Box Number is Not Acceptable)  TALLAHASSEE FL 32308  Suite, Apt. #, etc.  City FL Zip Code  To a. 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 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of 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, or both change was authorized by its general partner(s). I hereby accept the state of Florida, submits statement for the purpose of changing in a partner in the state of Florida, submits this statement for the purpose of changing accept the decided agent.  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)  12. Name(s) of General Partner(s)  13. Name(s) of General Partner(s)  14. One of Corporation of Corporation of Corporatio |   | Nan  | ne   |  |  |   |
| TALLAHASSEE FL 32308    Suite, Apt. #, etc.     City   FL   Zip Code     City Seneral partner(a). I hareby accept the spointment of registered agent. I hareby accept the appointment of registered Anabastus.    Signature (Registered Agent Accepting Appointment)   DATE   | I St  |  | Streat Address (P.O. Box Number Is Not Acceptable) |  |  |   |
| 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 agent, or both, in the State of Florida. Such change was authorized by its general partner(e). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 520.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  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. (Name(s) of General Partner(s)  11a. (No NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c. Registration/Document Number  MILLARD J. NOBLIN  1300 METROPOLITAN BLV  TALLAHASSEE FL  Nôte: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the Information supplied with this filing is voluntarity furnished and does not qualify for the exemption stated in Section 119,07(3)(k), Florida Statutes, I release the Division of   |   |  | No. And W. oda                                     |  |  |   |
| 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 diffice or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(e). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 520.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  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 (n) NOT Use Post Office Box Numbers)  MILLARD J. NOBLIN  1300 METROPOLITAN BLV  TALLAHASSEE FL  Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido hereby certify that the Information supplied with this filing is voluntarily furnished and does not qualify for the examption stated in Section 119.07(3(k), Florida Statutes, I release the Division of   | TALLAHASSEE FL 32308  | Sun  | в, Арт. #, өтс.                                    |  |  |   |
| 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 is 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 520.192, Florida Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  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  MILLARD J. NOBLIN  1300 METROPOLITAN BLV  TALLAHASSEE FL  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.   |   | City   |  |  | FL   | Zip Code  |
| 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 & Zir Code  11c. Registration/ Document Number  1300 METROPOLITAN BLV  1300 METRO | for the purpose of changing its registered office or re         | gistered agent, or both, in the State of Florida. Such   | l partnership organ<br>n change was auth           | ized or registered under the laws of the<br>orized by its general partner(s). I hereby | State of Florid<br>accept the a                              | ia, submits this statement<br>pointment of registered |
| 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  11c. Registration/ Document Number  1300 METROPOLITAN BLV  1300  | SIGNATURE (Registered Agent Accepting Appointment)              |  |  | DATE   |  |   |
| 11. Name(s) of General Partner(s)  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zir, Code  11c. Registration/ Document Number  1300 METROPOLITAN BLV  1300 ME | A GENERAL PARTNER THAT  | IS A CORPORATION, LIMIT<br>BE REGISTERED AND AC          | TED PART   | NERSHIP OR OTHE  | R BUSI   | NESS ENTITY   |
| ADDOD2743064——D -01/15/99—01011—010 *****526.25 *****526.25  Nôte: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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  |   | Address of Each General Partne                           | 1 445  | ······   | 11c.   |   |
| Nôte: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. Ido 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   | MILLARD J. NOBLIN   | 1300 METROPOLITAN BLV                                    | TAL  | LAHASSEE FL  |  |   |
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| 12. I do hereby certify 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  | •   |  |  |  |  |   |
| 12. I do hereby certify 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  | Nôte: General partners MAY NOT                                  | be changed on this form: an                              | amendme  | nt must be filed to cha  | nge a g  | eneral partner.                                       |
|  | 12. I do hereby certify that the information supplied with this | filing is voluntarily furnished and does not qualify for | or the exemption s                                 | tated in Section 119.07(3)(k), Florida Sta   | atutes. I releas   | e the Division of                                     |

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.