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

1a. DOCUMENT # **A12485**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC - 1 AM 9: 33

SPRINGTREE INVESTORS, LTD.	
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Mailing Address 400 E. SOUTH ST. SUITE 500	Principal Office Address 400 E. SOUTH ST. SUITE 500	400 E. SOUTH ST. SUITE 500 ORLANDO FL 32801		Date Formed or Registered 5a. Capital Contribution Shown on record. 1, Date of Last Report 5a. Capital Contribution Shown on record. 1, Date of Last Report		
ORLANDO FL 32901	ORLANDO FL 32801 2a. Principal Office Address			5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address			FL 6. FEI Number	\$1,07	5,000.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Applied For Not Applicable	
City & State	City & State		59-2229346 7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip	Country	Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee Infor			
9. Name and Address of	Current Registered Agent		10. If changed, new Registered	Agent/Office		
BOURNE, ROBERT A	<u> </u>	Name	<u> </u>			
400 E. SOUTH ST.		Street Address (I	P.O. Box Number Is Not Acceptable)			
SUITE 500		Suite, Apt. #, etc.				
ORLANDO FL 32801		City		FL	Zip Code	
agent. I am familiar with, and accept the ob	ffice or registered agent, or both, in the State of Fic ilgations of section 620.192, Florida Statutes.					
SIGNATURE (Registered Agent Accepting Appointme A GENERAL PARTNER TI	HAT IS A CORPORATION,	LIMITED PA	ARTNERSHIP OR OTHE	R BUSI	NESS ENTITY	
N	JUST BE REGISTERED A	ND ACTIVE	WITH THIS OFFICE.			
11. Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	Box Numbers) 11	b. City, State & Zip Code	11c.	Registration/ Document Number	
SENEFF, JAMES M JR.	400 E. SOUTH ST. #50	0	ORLANDO FL			
BOURNE, ROBERT A	400 E. SOUTH ST. #50	0	ORLANDO FL			
		į	0000027 -12/15/ ****52	7125 /3301 6.25	3105 053004 ****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 cath. 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 Par	rtper Signing Form	Robert	Α.	Bourne	

____ DATE____10/20/98

Daytime Telephone Number (407) 650-1000