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		SECRETARY OF COSE	SECRETARY OF STATE DIVISION OF COOPERATIONS 98 DEC AM 8: 4 100	
1. Name of Limited Partnership	1a. DOCUMENT # A14092		JOBEOT : A	18:41 wrth 12/15	
LANDMARK, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as	
7911 THOMAS DRIVE	7911 THOMAS DRIVE		03/04/1983	Shown on record.	
PANAMA CITY BEACH FL 32407	PANAMA CITY BEACH FL 32407		3a. Date of Last Report	\$100.00	
			10/31/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
			GA		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For	
City & State	City & State		58-1595920	Not Applicable	
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required	
		<u></u>	8. Make check payable to: Dept. of St	ate (See reverse side for fee information)	
9_ Name and Address of Current Registered Agent		1	10. If changed, new Registered Agent/Office		
Name		Name	·		
FAIRCLOTH, CHARLES E 24 HARRISON AVE. Street Addres		Street Address (F	P.O. Box Number is Not Acceptable)		
1 · · · · · · · · · · · · · · · · · · ·		Suite, Apt. #, etc.	#, etc.		
	City		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 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)	S A COPPOPATION I	IMITED DA	ADTMEDSHID OD OTHER	BUSINESS ENTITY	
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 11	b. City, State & Zip Code	11c. Registration/ Document Number	
LANDMARK APARTMENTS CORP	24 HARRISON AVE.		PANAMA CITY FL	\$21640 \$21640 \$3,5,6,8 —— 9	
			8000027 -12/18/9 ****141	3U1U35UE3	
Nata Canada da Santa					
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					
Congretions 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 shalf 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.					
SIGNATURE	7		DATE	-7-98	
Typed or Printed Name of General Partner Signing Form	Thacks Mich	4	Daytime Telephone Numbe	0) 785-2449	