

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

FILED

98 DEC 30 PM 2:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  SEARSTOWN PARTNERS, LTD.		1a. DOCUMENT # A17609	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
Mailing Address 1733 W. FLETCHER AVENUE TAMPA FL 33612		Principal Office Address 1733 W. FLETCHER AVENUE TAMPA FL 33612	
3. Date Formed or Registered 08/06/1984		5a. Capital Contributions as Shown on record. \$2,950,000.00	
3a. Date of Last Report 01/15/1998		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL		6. FEI Number 58-1595368 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  CLIFFORD L. WALTERS 802 11TH STREET WEST BRADENTON FL 34205	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)  SEARSTOWN CORPORATE, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  1733 W. FLETCHER AVE.	11b. City, State & Zip Code  TAMPA FL 33612	11c. Registration/Document Number  P98000064847
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\*\*\*\*\*526.25 \*\*\*\*\*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 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

*Suzanne L. Rice*  
Suzanne L. Rice

DATE

12-28-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

813-960-8154

CR2E003 (8/98)