

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN 27 PM 6:30

1. Name of Limited Partnership BUFORD LONG GROVES ASSOCIATES, LIMITED 99-AR CM		1a. DOCUMENT # A18094	
Mailing Address POST OFFICE BOX 1660 WAUCHULA FL 33873		Principal Office Address POST OFFICE BOX 1660 WAUCHULA FL 33873	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	

3. Date Formed or Registered 10/19/1984	5a. Capital Contributions as Shown on record \$520,000.00
3a. Date of Last Report 12/15/1997	5b. Amount of Capital Contributions in FL (01/01/96 to date) 520,000.00
4. State or Country of Formation FL	
6. FEI Number 59-2756722	<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 LONG, BUFORD E. 909 S 6TH AVE WAUCHULA FL 33873				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. 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 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) LONG, BUFORD	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) HIGHWAY 17 SOUTH 909 S. 6TH AVE	11b. City, State & Zip Code WAUCHULA FL	11c. Registration Document Number 00000027567201-1 -02/05/99--01087--011 ****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

Typed or Printed Name of General Partner Signing Form

BUFORD LONG

DATE 12/21/98

Daytime Telephone Number 941-773-4156

CR2E003 (8/99)