

**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
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FILED
98 DEC 22 PM 4: 30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership SETTLERS REST R.V. PARK, LTD.	1a. DOCUMENT # A18789
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Mailing Address 37351 CR 54 ZEPHYRHILLS FL 33541	Principal Office Address 37351 CR 54 ZEPHYRHILLS FL 33541	3. Date Formed or Registered 12/31/1984	5a. Capital Contributions as Shown on record. \$75,525.00
		3a. Date of Last Report 11/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 37549 CHANCEY ROAD	2a. Principal Office Address 37549 CHANCEY ROAD	4. State or Country of Formation FL	
Suite, Apt. #, etc. OFFICE	Suite, Apt. #, etc. OFFICE	6. FEI Number 59-2093817	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State ZEPHYRHILLS, FL	City & State ZEPHYRHILLS, FL	7. Certificate of Status Desired <input type="checkbox"/>	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip Country 33541 PASCO	Zip Country 33541 PASCO	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent MEENGs, BETTY G. 37351 COUNTY RD. 54 ZEPHYRHILLS FL 33541	10. If changed, new Registered Agent/Office Name BETTY MEENGs ANDERS Street Address (P.O. Box Number Is Not Acceptable) 37549 CHANCEY ROAD Suite, Apt. #, etc. OFFICE City ZEPHYRHILLS FL Zip Code 33541
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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 certify the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) *Betty Meengs Anders* x DATE *12/17/98* x

**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 & Zip Code	11c. Registration/ Document Number
MEENGs, BETTY G.	37351 CR 54	ZEPHYRHILLS FL 33541	 300002738788-4 -01/12/99-01096-001 ***526.25 ***526.25
MEENGs, JOHN M.	37549 CHANCEY ROAD	ZEPHYRHILLS FL 33541	
MEENGs, MARTA K.	37351 CR 54	ZEPHYRHILLS FL 33541	
MEENGs, MELINDA J.	37351 CR 54	ZEPHYRHILLS FL 33541	

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 x *John M. Meengs* DATE x *12-14-98*

Typed or Printed Name of General Partner Signing Form **JOHN M. MEENGs** Daytime Telephone Number **(813) 782-2003**

CR2E003 (8/98)