## 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

<sup>1a.</sup> DOCUMENT # **A19052** 

## FILED

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SECRETARY OF STATE

FINANCIAL DEVELOPMENT COMPANY, LTD.						
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1309 TIMBER LANE	1309 TIMBER LANE BOULDER CO 80304			01/31/1985	\$20,000.00	
BOULDER CO 80304				3a. Date of Last Report	Ψ20,000.00	
				11/24/1997	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date:	
0.71. 1.1.	Cuito Ant di at-			CA	\$1500 pm	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number 95-3168526	Applied For	
City & State	City & State			7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip	Country			\$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of S	tate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
LASHER, ANNE 3402 BIMINI LANE, APT. C-2 COCONUT CREEK FL 33066		Name	Name			
		Street Address (P.O. Box Number Is Not Acceptable)				
		Suite, Apt.	Suite, Apt. #, 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).						
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 (Do NOT Use Post Office Box	Partner Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
Lasher, Martin	1309 TIMBER LANE		BOULDER CO		A19052	
			90002701039—-7 -12/03/9801004018 ****141.25 ****141.25			
No. 1 and 1				AL	NOV 3 0 1998]	

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 fitting 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 a courage 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 required by chapter 620/ Florida Statutes.

**SIGNATURE** 

Typed or Printed Name of General Partner Signing Form