LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS 1a. DOCUMENT # A19553		FILED 99 MAR 18 PM 12: 54 De CAL Davi OF Strate TALLAHASSEE ELORIDA INTERNATIONNELLAND	
1. Name of Limited Partnership				
LABELLE INVESTORS GRO	OUP, LTD.		I KOPACII IDUL HIRAK IBIDI DILU	
Mailing Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record
P.O. BOX 250 LABELLE FL 33975	150 S. MAIN ST. Suite 3 Labelle FL 33935		03/26/1985 3a, Date of Last Report 05/11/1998	\$299,000.00
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5D. Amount of Capilal Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number 59-2442068	Applied For
City & State Zip Country	City & State	Country	7. Certificate of Status Desired	\$8.75 Adultional Fee Required State (See reverse side for fee information)
9. Name and Address of Cu WATKINS, JOHN JAY	rrent Registered Agent	Name	10. If changed new Registered	Agent/Office
150 C MAIN CT		Streel Address (P.O. I	Box Number Is Not Acceptable)	
150 S. MAIN ST. LABELLE FL 33935		Streel Address (P.O. I Suite, Apt #, etc City	Box Number Is Not Acceptable)	FL Zip Code
LABELLE FL 33935 10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH M	ONT IS A CORPORATION, LUST BE REGISTERED ANI	Suite, Apt #, elc City Imited partnership orga a Such change was au IMITED PAR DACTIVE W	nized or registered under the laws of the thorized by its general partner(s). I heref DATE TNERSHIP OR OTHI TH THIS OFFICE,	FL State of Florida, submits this statement by accept the appointment of registered ER BUSINESS ENTITY 110 Registration/
LABELLE FL 33935 10a. Pursuant to the provisions of sections 620 105 for the purpose of changing its registered offic agent. I am familiar with, and accept the oblig. SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH	e or registered agent, or both, in the State of Florida alions of section 620.192, Florida Statutes () AT IS A CORPORATION, L UST BE REGISTERED ANI Address of Each General F 11a. (Do NOT Use Post Office Box	Suite, Apt #, elc City Imited partnership orga a Such change was au IMITED PAR DACTIVE W Vartner Numbers) 11b.	nized or registered under the laws of the thorized by its general partner(s). I heref DATE TNERSHIP OR OTHI ITH THIS OFFICE, City, State & Zip Code	FL State of Florida, submits this statement by accept the appointment of registered ER BUSINESS ENTITY
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