

**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

98 DEC 14 AM 8:48

*umh*  
12/17



1. Name of Limited Partnership	1a. DOCUMENT # <b>A21961</b>
TIFFANY PARTNERSHIP INVESTORS, LTD.	

Mailing Address 650 DOUGLAS AVE STE 1000 ALTAMONTE SPRINGS FL 32714	Principal Office Address 650 DOUGLAS AVE STE 1000 ALTAMONTE SPRINGS FL 32714
2. Mailing Address 405 Douglas Avenue Suite, Apt. #, etc. Suite 2605 City & State Altamonte Springs, FL Zip Country 32714 USA	2a. Principal Office Address 405 Douglas Avenue Suite, Apt. #, etc. Suite 2605 City & State Altamonte Springs, FL Zip Country 32714 USA

3. Date Formed or Registered 02/03/1986	5a. Capital Contributions as Shown on record. \$241,875.00
3a. Date of Last Report 01/23/1998	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 59-2626063 <input type="checkbox"/> Applied For <input checked="" 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

HAYNES, DELTON L  
650 DOUGLAS AVE  
STE 1000  
ALTAMONTE SPRINGS FL 32714

10. If changed, new Registered Agent/Office

Name  
Street Address (P.O. Box Number is Not Acceptable)  
405 Douglas Avenue  
Suite, Apt. #, etc.  
Suite 2605  
City  
Altamonte Springs, FL  
Zip Code  
32714

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CERTIFIED FINANCIAL SERV	405 <del>650</del> DOUGLAS AVE STE * 2605	ALTAMONTE SPRINGS FL 32714	F31805
BERT, JOSEPH F.	405 <del>650</del> DOUGLAS AVE STE * 2605	ALTAMONTE SPRINGS FL 32714	
HAYES, DELTON L	405 <del>650</del> DOUGLAS AVE STE * 2605	ALTAMONTE SPRINGS FL 32714	

900002715619--0  
-12/18/98--01031--013  
\*\*\*\*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 *Delton L. Haynes* DATE *12/8/98*  
Typed or Printed Name of General Partner Signing Form Delton L. Haynes Daytime Telephone Number 407/862-1303

CR2E003 (8/88)