

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. Martham Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership RECKER PARTNERS, LIMITED	1a. DOCUMENT # A22584	

FILED

98 DEC 22 PM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address 1921 DEL CREST PLACE LAKELAND FL 33803	Principal Office Address 1921 DEL CREST PLACE LAKELAND FL 33803	3. Date Formed or Registered 05/20/1986	5a. Capital Contributions as Shown on record. \$100.00
2. Mailing Address 1829 GARY RD. Suite, Apt. #, etc.	2a. Principal Office Address 1829 GARY RD. Suite, Apt. #, etc.	3a. Date of Last Report 05/26/1998	5b. Amount of Capital Contributions in FLORIDA to date:
City & State LAKELAND FL	City & State LAKELAND FL	4. State or Country of Formation FL	6. FEI Number 59-2792892
Zip 33801	Country USA	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 NOEL, BERNIE 1025 PISGAH PLACE LAKELAND FL 33801	10. If changed, new Registered Agent/Office Name NOEL, BERNIE Street Address (P.O. Box Number Is Not Acceptable) 1829 GARY RD. Suite, Apt. #, etc. City LAKELAND FL Zip Code 33801
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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 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)

Bernie Noel

DATE

12/18/98

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) WELCH, TIMOTHY J. NOEL, BERNIE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1025 OLEANDER STREET 1025 PISGAH 1829 GARY RD.	11b. City, State & Zip Code LAKELAND FL LAKELAND FL	11c. Registration/ Document Number 400002732134--4 -01/06/99-01063-014 ****141.25 ****141.25
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CR2E003 (8/98)

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

Bernie Noel

DATE

12/18/98

Typed or Printed Name of General Partner Signing Form **BERNIE NOEL**

Daytime Telephone Number **(941) 682-2954**