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

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 14 PM 1:47

·	A24743				
SOUTHFORK INVESTMENTS FUND '87, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 5156 LAKELAND FL 33807	P.O. BOX 5156 LAKELAND FL 33807		06/24/1987 3a. Date of Last Report 09/08/1997	\$600,100.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	410,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-2832070	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Count	ry		Fee Required State (See reverse side for fee information)	
Q Name and Address of Current Ren	Nictored Agent		10. If changed, new Registered	AriantiOffica	
9. Name and Address of Current Registered Agent SOUTHFORK INVESTMENTS GROUP, INC.		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
BUILDING "E"	Cuito Ant		oto		
5300 S. FLORIDA AVENUE	Suite, Apt. #, o				
LAKELAND FL 33813	City		FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and 620 for the purpose of changing its registered office or registragent. I am familiar with, and accept the obligations of second	ered agent, or both, in the State of Florida. Suci				
A GENERAL PARTNER THAT IS	A CORPORATION LIMIT	TED PAR		R BUSINESS ENTITY	
	BE REGISTERED AND A	CTIVE WI			
11. Name(s) of General Partner(s)	11a. Address of Each General Partne (Do NOT Use Post Office Box Numb		City, State & Zip Code	11c. Registration/ Document Number	
SOUTHFORK INVESTMENTS GROUP,	5300 S. FLORIDA AVENU	LA	KELAND FL 33813	J48774	
			6000027 -12/23/ ****52	72:11360 9301071-019 6.25 ****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.

SIGN	TAN	U	RΕ
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