HILE 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

DOCLIMENT #

FILED

98 OCT 13 PM 1:00

| 1. Name of Limited Partnership | A25172 | | TALLAHASSEE, FLORIDA | |
|--|--|--|---|---|
| PINE TERRACE III LTD. | | | | |
| Mailing Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. |
| 20721 S.W. 46TH AVE. NEWBERRY FL 32669 | 20721 S.W. 46TH AVE. NEWBERRY FL 32669 | | 09/14/1987 3a. Date of Last Report 09/22/1997 | \$129,500.00 |
| 2. Mailing Address | 2a. Principal Office Address | | 4. State or Country of Formation | 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | 6, FEI Number | Applied For |
| City & State | City & State | | 7. Certificate of Status Desired | Not Applicable \$8.75 Additional |
| Zip Country | Zip Country | | | Fee Required State (See reverse side for fee information) |
| | | | 40 | |
| 9. Name and Address of Current Registered Agent Name | | Name | 10. If changed, new Registered Agent/Office | |
| DAVIS, NORITA V. 20721 S.W. 46TH AVE. | | Street Address (P.O. Box Number is Not Acceptable) | | |
| NEWBERRY FL 32669 | | Suite, Apt. #, etc. | | |
| | | City FL Zip Code | | |
| 10a. Pursuant to the provisions of sections 620.1051 and 65 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) | stered agent, or both, in the State of Florid | | | |
| A GENERAL PARTNER THAT IS | S A CORPORATION, L BE REGISTERED AND | MITED PAR | TNERSHIP OR OTHE | R BUSINESS ENTITY |
| 11. Name(s) of General Partner(s) | 11a. Address of Each General | Ba-ta-ta | City, State & Zip Code | 11c. Registration/ Document Number |
| DAVIS, NORITA V. | 20721 SW 46TH AVE. | | WBERRY FL 32669 | 6692393 88 |
| | | | 900002 -10/21 *****5 | 6692393 /8801062025 35.00 ****535.00 |
| | | | dec Cous | |
| Note: General partners MAY NOT b | | | | |
| 12. I do hereby certify that the Information supplied with this if Corporations from any liability of the compliance with \$5e\$ this annual report is true and accurate and that my sonal empowered to execute this sport as required by chipter | ction 119.07(3)(k) in the event that the info ure shall have the same legal effects as if | rmation supplied is deer | med exempt from public access. I further | certify that the information indicated on |
| SIGNATURE DATE 10-9-98 | | | | |
| Typed or Printed Name of General Partner Signing Form | | | | |