


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 OAK MEADOWS ESTATES ADDITION, LTD.		1a. DOCUMENT # A25714			
2. Mailing Address PO BOX 5400 LAKELAND FL 33807-5400		2a. Principal Office Address 208 W ALAMO DR LAKELAND FL 33813		3. Date Formed or Registered 12/29/1987 3a. Date of Last Report 12/15/1997 4. State or Country of Formation FL	
5a. Capital Contributions as Shown on record \$400.00		5b. Amount of Capital Contributions in FLORIDA to date.			
6. FEI Number 59-2860525		<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 HARPER, ROBERT F. III 208 W ALAMO DR LAKELAND FL 33813			10. If changed, new Registered Agent/Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt. #, etc _____ City _____		
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) SUMMITT PROPERTIES		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 208 W ALAMO DR		11b. City, State & Zip Code LAKELAND FL	
				11c. Registration/Document Number G02342000132 J 9909990000	
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 990, Florida Statutes.					
SIGNATURE _____ Robert F. Harper, III				DATE Nov. 16, 1998	
Typed or Printed Name of General Partner Signing Form _____				Daytime Telephone Number 941 647-5554	

FILED
99 APR 10 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E06 (8/98)