## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

98 DEC 17

1999	DIVISION OF C	CORPORATIONS	98 DFC 1	T Real	
1. Name of Limited Partnership	1a. DOCUM <b>A26870</b>	IENT#		7 AMII: 19	
GRANITE ENTERPRISES, LT	FD.		11111111111111111111111111111111111111		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
5521 W. CYPRESS ST. SUITE 101	5521 W. CYPRESS ST. SUITE 101		08/10/1988 3a. Date of Last Report	\$916,987.00	
TAMPA FL 33807	TAMPA FL 33607		12/16/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable	
City & State	City & State	<del></del>	<b>59-2930332 7.</b> Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip	Country		Fee Required  State (See reverse side for fee information)	
9. Name and Address of Cu	rrent Registered Agent		10. If changed, new Registere	d Agent/Office	
		Name			
BEST, DWAYNE F. 5521 W. CYPRESS ST.	Notice of the second of the se	Street Address (P.O.		Box Number   100	
SUITE 101		Suite, Apt. #, etc.		26.25 ****525.25	
TAMPA FL 33607		City		FL Zip Code	
agent. I am familiar with, and accept the oblig- SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	e or registered agent, or both, in the State of Flor ations of section 620.192, Florida Statutes.	rida. Such change was au	thorized by its general partner(s). I hereb  DATE  TNERSHIP OR OTHE	e State of Florida, submits this statement y accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Gener	ral Partner		11c. Registration/	
BEST, DWAYNE F.	5521 W. CYPRESS ST.,		AMPA FL 33607		
•					
Note: General partners MAY N	OT be changed on this form	m; an amendm	ent must be filed to cha	ange a general partner.	

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, Figrida Statutes.

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

SIGNATURE Musy	-
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Typed or Printed Name of General Partner Signing Form	<u>_</u>

DWayne F. Best