

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 14 AM 8:29

mntn  
12/21

1. Name of Limited Partnership	1a. DOCUMENT # A27076
THE VINEYARD PARTNERS, LTD.	



Mailing Address 1941 ARBOR WAY MOUNT DORA FL 32757		Principal Office Address 1941 ARBOR WAY MOUNT DORA FL 32757		3. Date Formed or Registered 09/16/1988	5a. Capital Contributions as Shown on record. \$500,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/27/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		6. FEI Number 59-2935000	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip		Country		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 VASON, ROBERT F., JR. 225 W. FIFTH AVE. MOUNT DORA FL 32757	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 600002719516--7 Suite, Apt. #, etc. -12/22/98--01081--001 City ***526.25 ***526.25 FL Zip Code
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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)

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) MOULDER, LARRY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2101 ARBOR WAY	11b. City, State & Zip Code MOUNT DORA FL	11c. Registration/ Document Number
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**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

DATE

9/24/98

Typed or Printed Name of General Partner, Signing Form

Daytime Telephone Number

CR2E003 (8/98)