


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. Northam Secretary of State DIVISION OF CORPORATIONS
1. Name of Limited Partnership MEADOW RIDGE ESTATES, LTD.		1a. DOCUMENT # A27644	
Mailing Address PO BOX 5400 LAKELAND FL 33807-5400		Principal Office Address 208 W ALAMO DR LAKELAND FL 33813	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



3. Date Formed or Registered 12/28/1988	5a. Capital Contributions as Shown on record \$200.00
3a. Date of Last Report 12/22/1997	
4. State or Country of Formation FL	
6. FEI Number 59-2924108	<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 ELLSWORTH, W. WM. JR. 208 W ALAMO DR LAKELAND FL 33813	10. If changed, new Registered Agent/Office Name: Robert F. Harper, III Street Address (P.O. Box Number is Not Acceptable): 208 W. Alamo Drive Suite, Apt. #, etc.: 400002818834- - E City: Lakeland, FL 33814, 25
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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.

Robert F. Harper, III

SIGNATURE (Registered Agent Accepting Appointment)

DATE 11/16/98

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FAIRFAX ASSOCIATES MURRAY FINANCIAL GROUP, LTD.	208 W ALAMO DR 92 LAKE WIRE DRIVE	LAKELAND FL LAKELAND FL	G99051900271 A22230

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

Robert F. Harper, III

DATE 11/16/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 941 647-5554

CR2E003 (8/98)