## 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

**DOCUMENT#** 

FILED 98 OCT 20 PM 4: 30

14 Name of Printed Largistich	A28243		SECRETARY OF S TALLAHASSEE, FI	ORIDA
APOPKA SQUARE PARTNERS	s, LTD.			
Mailing Address	Principal Office Address	Principal Office Address		<b>5a.</b> Capital Contributions as Shown on record.
5761 BIRD ROAD MIAMI FL 33155	5761 BIRD ROAD MIAMI FL 33155			\$960.00  5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		J. G. J.
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		Applied For Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
			8. Make check payable to: Dept. of S	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
Brandon, Stephen E 5761 Bird Road Miami FL 33155		Street Address (P.O. Box Number Is Not Acceptable)		
10a. Pursuant to the provisions of sections 620.1051 at for the purpose of changing its registered office or agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment)	registered agent, or both, in the State of Fla is of section 620.192, Floride Statutes.	onda. Such change was au	uthorized by its general partner(s). I hereby	accept the appointment of registered
A GENERAL PARTNER THAT MUS	TIS A CORPORATION, OT BE REGISTERED A	LIMITED PAR ND ACTIVE W	THE THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Gene	ral Partner Box Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
THE BRANDON COMPANY	-5761 BIRD RD.		IIAMI FL	494744
Aviendment filed 10 Hpopka Ketail Partners,	The 5761 Bird La	Q. M	iami, Fl. 33155	P16-60070
142.0	The showed on this for		cont must be filed to ab-	ago a general partner
Note: General partners MAY NO	ne changed on this for	iii, aii amendn	ient must be med to cus	nige a general partner.

12. I do hereby certify that the information supplied with this filling 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.

SIGNALUKE	
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Typed or Printed Name of General Partner Signing Form