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

LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 16 AH 10: 37	
1. Name of Limited Partnership	1a. DOCUM A30287			SECRÉTARY DE STATE TALLAHASSEE, FLORIDA	
ROSIER LIMITED PARTNER	SHIP				
Mailing Address	Principal Office Address	·· ··· ······	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
C/O STANLEY B. ROSIER P.O. BOX 606 SANFORD FL 32771	C/O STANLEY B. ROSIER P.O. BOX 606 SANFORD FL 32771	P.O. BOX 606		\$410,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date:	
2. Malling Address	2a. Principal Office Address	2a. Principal Office Address			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For Not Applicable	
City & State	City & State	City & State		\$8.75 Additional	
Zip Country	Zip	Country	8. Make check payable to Dept. of	Fee Required State (See reverse side for fee information)	
9. Name and Address of Co	urrent Registered Agent	<u> </u>	10. If changed, new Registere	d Apeni/Office	
		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc City FL Zip Code The Address of the State of Florida, submits this statement winds. Such change was authorized by its general partner(s). I hereby accept the appointment of registered.			
SIGNATURE (Registered Agent Accepting Appointmen A GENERAL PARTNER TH		IMITED DAG	DATE OF A THE		
	UST BE REGISTERED AN	D ACTIVE W			
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Bo	al Pertner ox Numbers) 11b	City, State & Zip Code	11c. Registration/ Document Number	
ROSIER, STANLEY B	111 NORTH FRENCH AV	E. \$	SANFORD FL	**************************************	
Note: General partners MAY N	IOT be changed on this form	n; an amendn	nent must be filed to ch	ange a general partner.	
Corporations from any liability of non-complianc this annual report is true and accurate and that is empowered to execute this report as required by	A //	formation supplied is de	semed exempt from public access. I further	r certify that the information indicated on	
SIGNATURE Stanly	B Roser	Kosen		DATE 2 - 1 - 99	
	General Partner Signing Form Stanley B Rosier				

......