



**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. Morham Secretary of State DIVISION OF CORPORATIONS		FILED 99 MAR 17 PM 4: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership MILTON GROVES LTD.		1a. DOCUMENT # A30794					
Mailing Address PO BOX 561079 ORLANDO FL 32856		Principal Office Address 15 KISSIMEE AVE OCOEE FL 34761		3. Date Formed or Registered 11/09/1990		5a. Capital Contributions as Shown on record. \$379,750.00	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 12/23/1997		5b. Amount of Capital Contributions in FLORIDA to date:	
				4. State or Country of Formation FL		<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
				6. FEI Number 59-2981615		<input type="checkbox"/> \$8.75 Additional Fee Required	
				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 CRITTENDEN, EARL M 15 KISSIMEE AVE OCOEE FL 34761		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City	
		3000 N 2820 622 - 0 - 03/26/99 - 01111 - 002 ****526.25 FL **626.25	

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
CRITTENDEN, EARL M.	15 KISSIMEE AVENUE	OCOEE FL	F07030
LANGLEY, A.E.	15 KISSIMEE AVENUE	OCOEE FL	
TRANSAM FINANCIAL SERVICES	1101 N. LAKE DESTINY	MAITLAND FL	

4-23-99

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 609, Florida Statutes.

SIGNATURE *Earl M. Crittenden* DATE 3-15-99
 Typed or Printed Name of General Partner Signing Form Earl M. Crittenden Daytime Telephone Number 407-877-2455

P. 150 588 257

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