



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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 <p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>		<p>FILED</p> <p>98 DEC 30 PM 2:41</p> <p>SECRETARY OF STATE TALLAHASSEE, FLORIDA</p> 	
1. Name of Limited Partnership APOPKA PARTNERS, LTD.		1a. DOCUMENT # A30969			
Mailing Address % REALTY MANAGEMENT COMPANY, ATT: RUTH P.O. BOX 11229 KNOXVILLE TN 37939		Principal Office Address % REALTY MANAGEMENT COMPANY, ATT: RUTH P.O. BOX 11229 KNOXVILLE TN 37939		3. Date Formed or Registered 12/21/1990 3a. Date of Last Report 12/19/1997 4. State or Country of Formation FL	
2. Mailing Address CLC RMC Realty Companies, Ltd 1733 W. Fletcher Ave. Tampa, FL 33612		2a. Principal Office Address CLC RMC Realty Companies, Ltd 1733 W. Fletcher Ave. Tampa, FL 33612		5a. Capital Contributions as Shown on record. \$237,600.00 5b. Amount of Capital Contributions in FLORIDA to date:	
9. Name and Address of Current Registered Agent CLIFFORD L. WALTERS 802 11TH STREET WEST BRADENTON FL 34205		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code			
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) WEST INVESTMENT CO, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 7646 N. LOCKWOOD RIDGE 340 S. Palm Avenue, Apartment 45		11b. City, State & Zip Code SARASOTA FL 34243 Sarasota, FL 34234	
11c. Registration/Document Number 625859		300002749809--7 -01/21/99--01072--009 ****\$26.25 ****\$26.25			
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 <i>Suzanne L. Rice</i> DATE 12-28-98 Typed or Printed Name of General Partner Signing Form Suzanne L. Rice Daytime Telephone Number 813-960-8154					

CR2E003 (9/98)