LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	Mortham of State	SECRETARY OF DIVISION OF CORP 98 SEP 25 PM	
1. Name of Limited Partnership	1a. DOCUMI A31899	ENT #		
EDERAL MORTGAGE INVEST	TORS, LTD.			
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
% GUY S. DELLA PENNA	UITE 780 1800 SECOND ST., SUITE 780		08/20/1991	
1800 SECOND ST., SUITE 780 SARASOTA FL 34236			3a. Date of Last Report	\$2,569,000.00
			11/07/1997	5b. Amount of Capital Contributions in FLORIDA to dete:
2. Mailing Address	2a. Principal Office Address	**************************************	4. State or Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For
City & State	City & State	City & State		Not Applicable
		Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee Information)
9. Name and Address of Curren	I Registered Agent		10, if changed, new Registered	Agent/Office
		Name		
Della Penna, Guy S 1800 Second St., Suite 780		Street Address (P.O.	Box Number Is Not Acceptable)	
SARASOTA FL 34236		Suite, Apl. #, etc.		
		L		FL Zip Code
SARASOTA FL 34236 10a. Pursuant to the provisions of sections 620.1051 en for the purpose of changing its registered office or sigent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	registered agent, or both, in the State of Flork s of section 520.192, Florida Statutes.	Suite, Apl. #, etc. City d limited partnership or da. Such change was a .IMITED PAR	panized or registered under the laws of the uthorized by its general partner(s). I hereb DATE CTNERSHIP OR OTHE	FL e Stele of Florida, submits this stalement y accept the appointment of registered
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