1. Name of United Partnership 1a	LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sandra B. Secretary	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 DEC 24 AM TO 22	
MIDLAND PROPERTIES LIMITED PARTNERSHIP XV Image: mail and mail an	1. Name of Limited Partnership					
33 NORTH GARDEN AVENUE. SUITE 1200 OLEARWATER PL 3375 31 NORTH GARDEN AVENUE. SUITE 1200 OLEARWATER PL 3375 11/22/11/1991 3. Data dist langent 12/17/11/1997 \$1.572,750.00 2. Mailing Address 2.a. Principal Offico Address H. 51.572,750.00 3. NORTH GARDEN AVENUE. SUITE 1200 OLEARWATER PL 33755 2.a. Principal Offico Address H. Suite, Apt. #, etc. State 51.572,750.00 City & State Clity & State 7. Certificate of States Desired Not Applied For State State 2. Country 2p Country 8.7.55 Audrend 3. NORTH GARDEN AVENUE, SUITE 1200 OLEARWATER FL 33755 Not Applied For State, Address (PO. Bec Number Is Number	NIDLAND PROPERTIES LIMI	TED PARTNERSHIP XV				
CLEARWATER PL 33755 Stable of Liss Report \$1,5/2/15/UU 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. 6. FEI humber 54. Soles of Liss Report City & State Clay & State Clay & State Zip Country Zip Country Builte, Apt. #, etc. 6. FEI humber 59.3099/192 Applied For City & State Clay & State 7.000000000000000000000000000000000000	Aailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2. Mailing Address 2a. Principal Office Address 4. State or Contrivy of Formation FL 4. State or Contrivy 5. State 4. State or Contriv 5. State 4. State or Contrivy 5. State 4. State or Contriv 5. Stat					\$1,572,750.00	
Sulle, Apt. #, etc. FL City & State City & State Zip Country Zip Country Sulle, Apt. #, etc. 6. FE Invariant State City & State Zip Country State 7. Certificate of Status Desined State of Country 8. Mare check payable to: Days. of State Origination of Status Desined 9. Marrie and Address of Current Registered Agent 10. If chan jed. new Registered Agent/Office MIDLAND FINANCIAL HOLDINGS, INC. 33 NORTH GARDEN AVENUE, SUITE 1200 State. Apt. # etc. City & FL Zip Code State of File Address (PG. Box Number to					5b. Amount of Capital Contributions in FLORIDA to date:	
City & State City & State Image: City & City & City & State Image: City &	Z. Mailing Address	Za. Principal Office Address	2a. Principal Office Address			
Zip Country Zip Country 7. Certificate of Status Desired \$8,75 Auditoont Statustoont 9. Name and Address of Current Registared Agent 10. If charged, new Registared Agent/Office 8. Make check payable to: Dapk. of Status (See reveaue adde for fee information adde fee information adde fee					Applied For	
B. Make deack payable to: Dopt, of State (See revenue side for fee information of the information application of application		-		7. Certificate of Status Desired	\$8.75 Additional	
MDLAND FINANCIAL HOLDINGS, INC. 33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755 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 registated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registated agent, or bolt, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registared agent, and mainter with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registand Agent Accepting Appointment) OATE	Zip Country		Country	8. Make check payable to: Dept. of \$		
MIDLAND FINANCIAL HOLDINGS, INC. 33 NORTH GARDEN AVENUE, SUITE 1200 CLEARWATER FL 33755 Number is Not Acceptable) Stule, Apt #, etc. City Stule, Apt #, etc. City Zip Code 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statules, 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 familie with, and accept the obligations of section 20.192, Florida Statules. SIGNATURE (Registered Agent Accepting Appointment) OATE	9 Name and Address of Curr	ent Registored Agent		10 if changed, new Registered	Acent/Office	
33 NORTH GARDEN AVENUE, SUITE 1200 Street Address (PC. Box Number Is Not Acceptable) Suite, Apl. #, etc. Street Address (PC. Box Number Is Not Acceptable) Suite, Apl. #, etc. City IOa. Pursuant to the provisions of endiens 620.1051 and 620.102, Florida Statutes, the above-named limited partmership organized or registered under the larse of the State of Florida, submit the statument. for the pursuant to the provisions of endiens 620.1051 and 620.102, Florida Statutes, the above-named limited partmership organized or registered under the larse of the State of Florida, submit the statument. agent, I am familier with, and accept the obligations of section 620.192, Florida Statutes. DATE SIGNATURE (Registered Agent Accepting Appointment) DATE A detexe to Each General Partner 11a. (Da NOT Use Post Office Box Number) 11b. City. State & Zip Code 11c. Registration Document Number MIDLAND EQUITY II LIMITED PA 33 NORTH GARDEN AVENU CLEARWATER FL 33755 B970000000440 GODODOZ 7 403465 3 -01/14/9901012001 -01/14/9901012001 X to hereby settly that the information supplied with the filing is voluntarily furnished and does not qualify for the examption state of ISOCIO 118.07(3)(b), Florida Statutes, Information applied with the filing is voluntarily furnished and does not qualify for the examption state of ISOCIO 118.07(3)(b), Florida Statutes, Information applied with the filing is voluntarily furnished and does not qualify for the examption			Name			
CLEARWATER FL 33755 Suite, Apt. #, etc. City FL Zip Code IOa. Pursuant to the provisions of sactions 620.1051 and 620.192, Florida Statutes, the above-named limited partmenship 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 this State of Florida. Such change was authorized by its general partmer(e). I hereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Statutes, the above-named limited partmenship organized or registered under the laws of the State of Florida, such in this State of Florida. Such Change was authorized by its general partmer(e). I hereby accept the appointment of registered agent i an familie 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. Registration/ Document Number MIDLAND EQUITY II LIMITED PA 33 NORTH GARDEN AVENU CLEARWATER FL 33755 B97000000440 State of Plorida Statutes. State of	33 NORTH GARDEN AVENUE, SUITE 1200		Street Address (P.O. Box Number Is Not Acceptable)			
10a. Pursuant to the provisions of sections 620.102, 192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, such abilits 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(6). I hereby accept the appointment of registered agent. I am familier 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. (Dot NOT Use Pest Office Box Numbers) 11b. City. State & Zip. Code 11c. Registration/ Document Number MIDLAND EQUITY II LIMITED PA 33 NORTH GARDEN AVENU CLEARWATER FL 33755 B97000000440 SUBJAND EQUITY II LIMITED PA 33 NORTH GARDEN AVENU CLEARWATER FL 33755 B97000000440 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. I do bready cortly that the information implicated and does not qualify for the acomption stated is Section 119.07(3)(k). Florida Statutes. I release the Division of the amouption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of the amouption stated in specifica coese. I further certify that the information indicated on this form; an amendment must be filed to change a general partner. 2. I do henety coeffy that the info			Suite, Apt. #, etc.			
10a. Persuant to the provisions of sections 620.1051 and 620.122, 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 agent, or both, in the State of Florida, Subt descent the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment)			City Zip Code			
In. Name(s) of General Partner(s) Intel. (Do NOT Use Post Office Box Numbers) Intol. City, state & 2/p Code Intol. Document Number MIDLAND EQUITY II LIMITED PA 33 NORTH GARDEN AVENU CLEARWATER FL 33755 B97000000440 60000027740946593 -01/14/3901012001 +++++5266.25 +++++5266.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 25 2. 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 this annual report is true and accurate and that my signature shall have the same logal effects as if made under ceth. I further certify that I am a General Partner of the limited partners with y chapter 620, Florida Statutes.	for the purpose of changing its registered office- agent. I am familiar with, and accept the obligati SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THA	or registered agent, or both, in the State of Flori ons of section 620.192, Florida Statutes.	da. Such change was auf	thorized by its general partmer(s). I hereby	r accept the appointment of registered	
 Scooco27,403459 -01/14/3901012001 *****528.25 *****528.25 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 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 information information supplied is deemed exempt from public access. I further certify that the information information information supplied is deemed exempt from public access. I further certify that the information information information supplied is deemed exempt from public access. I further certify that the information information information supplied is deemed exempt from public access. I further certify that the information information information supplied is deemed exempt from public access. I further certify that the information information information information information information supplied is deemed exempt from public access. I further certify that the information inform		Address of Each Genera	Partner AAL			
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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 shell have the same legal effects as if made under ceth. I further certify that I am a General Partner of the limited partnership, receiver or truster empowered to execute this report as required by chapter 620, Florida Statutes.				-01/14,	/9901012001	
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 cath. I further certify that I am a General Partner of the limited partnership, receiver or trusted empowered to execute this report as required by chapter 620, Florida Statutes.			····	ent must be filed to cha	nge a general partner.	
A second to have a harden	Note: General partners MAY NC	T be changed on this form	i; an amendm			
	 I do hereby certify that the information supplied will Corporations from any liability of non-compliance v this annual report is true and accurate and that my 	h this filing is voluntarily furnished and does not vith Section 119.07(3)(k) in the event that the inf signature shall have the same legal effects as i	quality for the exemption ormation supplied is dee	stated in Section 1 9.07(3)(k), Florida St med exempt from public access, I further	atutes. I release the Division of certify that the information indicated on	
Syped or Printed Name of General Partner Signing Form AU _ INTERIOS, ITESTICETE Daytime Telephone Number (727) 401-4001	12. I do hereby certify that the information supplied will Corporations from any flability of non-compliance w this annual report is true and accurate and that my empowered to execute this reportes required by c SIGNATURE	h this filing is voluntarily furnished and does not /ith Section 119.07(3)(k) in the event that the inf signature shall have the same legal effects as it hapter 620, Florida Statutes.	quality for the exemption cornation supplied is deer f made under oath, I furth	stated in Section 1 9.07(3)(k), Florida St med exempt from public access, I further	atutes. I release the Division of certify that the information indicated on he limited partnership, receiver or trustee	

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