## 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. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A32723

## FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

## SOUTHERN ACRES, LTD. 3. Date Formed or Registered Capital Contributions as Shown on record. Malling Address Principal Office Address 03/23/1992 2040 N.W. 67TH PLACE 2040 N.W. 67TH PLACE \$500.00 GAINESVILLE FL 32653 GAINESVILLE FL 32653 3a. Date of Last Report 01/13/1998 **5b.** Amount of Capital Contributions in FLORIDA to date: 4. State or Country of Formation 2. Mailing Address 2a. Principal Office Address FL Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Not Applicable NOT APPLICABLE City & State City & State 7. Certificate of Status Desired \$8.75 Additional Fee Required Country Country 8. Make check payable to: Dept. of State (See reverse side for fee information) 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office CARPENTER, RONALD A Street Address (P.O. Box Number Is Not Acceptable) 4127 N.W. 27TH LANE Suite, Apt. #, etc. **GAINESVILLE FL 32606** Zip Code 10a, Pursuant to the provisions of sections 620.1051 and 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)\_ A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) Registration/ 11. Name(s) of General Partner(s) 11b. City, State & Zip Code Document Number SOUTHERN ACRES LANDHOLDING, 2040 N.W. 67TH PLACE GAINESVILLE FL V18943 200002744702--6 -01/15/93--01114--001 \*\*\*\*141.25 \*\*\*\*141.25 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 annæl 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 d to execute this report as required by chapter 620, Florida Statutes. SIGNATURE E.T. MALLINI, PRES/SO. ACRES LANDHADDRE Daytime Telephone Number Typed or Printed Name of General Partner Signing Form