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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

empowered to execute this report as required by chapte

Typed or Printed Name of General Partner Signing Form

SIGNATURE.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# Ä33032

FILED 98 DEC 24 PM 2: 15 SECRETARY OF STATE TO LAHASSEE, FLORICA

FARMONT PROPERTIES PARTNERS, LTD. 99-10-10							
Mailing Address Farnost % FAIRMONT SUNROOFS, INC 2346 SUCCESS DR ODESSA FL 33556 2. Mailing Address	Principal Office Address FARMONT SUNROOFS, INC., 2346 SUCCESS DR ODESSA FL 33556 2a. Principal Office Address		3. Date Formed or Registered 06/08/1992 3a. Date of Last Report 12/09/1997 4. State or Country of Formation FL	5a. Capital Contributions as Shown on record. \$540,000.00 5b. Amount of Capital Contributions in FLORIDA to date:			
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59-3161639	1	Applied For Not Applicable		
Zip Country	Zip Country			7. Certificate of Status Desired 8. Make check payable to: Dept. of Status	ed \$8.75 Additional Fee Required sept. of State (See reverse side for fee Information)		
9 Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
BELCHER, DALE F. 1302 PENNSYLVANIA AVE., PALM HARBOR FL 34683	Street Address 61(Suite, Apt. #, 4)		ess (P.O. 80 10 W.	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 statem 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 e20.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) DATE. DATE.						pointment of registered	
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		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
FARMONT SUNROOFS, INC.	2346 SUCCESS DR.		0000027		K86943 425303 93-01115-025		
			J	****52{ 	3, 25	****526.25	
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 filling 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							

MICHAEL WINZKOWSKI

12/17/98

727-372-1200

Daytime Telephone Number_