## 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 # A33076

SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -5 AM 9: 01

	, 100010					
RUN LTD.						
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.		
11617 INNFIELDS <b>DR</b> . SUITE A ODESSA FL 33556	11617 INNFIELDS DR. Suite a Odessa fl 33556	SUITE A		\$1,500,000.00  5b. Amount of Cepital Contributions in FLORIDA to date: \$1,281,454.00		
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address				
Sulte, Apt. #, etc.  City & State	Sulte, Apt. #, etc.	Suite, Apt. #, etc.  City & State		Applied For Not Applicable		
	<u> </u>				\$8.75 Additional	
Zip Country	Zip	Zip Country		Fee Required  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 Registere	ed Apent/Office		
BLANTON, HENRY H. 11617 INNFIELDS DR. SUITE A ODESSA FL <b>3</b> 3556		Name  Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc.  City  FL  Zip Code				
for the purpose of changing its registered of agent. I am familiar with, and accept the ob- SIGNATURE (Registered Agent Accepting Appointment of the Control		LIMITED PA	partner(s). I heret	by accept the ap	opointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Ger (Do NOT Use Post Office	1.00	b. City, State & Zip Code	11c.	Registration/ Document Number	
CAROLINE INVESTMENTS,INC	11617 INNFIELDS DR.		ODESSA FL	L37937		
•}			5000021 -10/07 *****\$	55 56 <b>27</b> 793 - <b>- 01</b> 26, 25	107022 ****526,25	
1				(	The second	

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 fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida 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 gry 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 of the limited partnership, receiver or trustee

Typed or Printed Name of General Partner Signing Form

Henry H. Blanton

Daytime Telephone Number

(813) 920-6602

DATE September 11, 1998