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

LIMITED PARTNERSHIP ANNUAL REPORT

1999

Errak J. Blomov
Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # A92000000283

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 22 AM 8: 32

SCEOLA POWER LIMITED PARTNERSHIP	
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JOSEPH TOWER ENVIRED T	ARTHEROFIII		L 1608411 1018 1810 11011 10	111 <b>- 60</b> 111 - <b>60</b> 111 - <b>68</b> 11	
Mailing Address	Principal Office Address	:	3. Date Formed or Registered	5a. Capital Contributions as	
OLC BOVAL BORNOIANA DI AZA	OLE DOVAL POINTMANA DI AZA		01/13/1993	Shown on record.	
PALM BEACH FL	HIG ROYAL POINCIANA PLAZA 316 ROYAL POINCIANA PLAZA PALM BEACH FL PALM BEACH FL		3a. Date of Last Report	<b>  \$418,490.00</b>	
			12/15/1997	EL	
			<del></del>	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	\$ 418,490.00	
340 Royal Poinciana Way	340 Royal Poincian	na Way	FL	4 418, 110.00	
Suite, Apt. #, etc. Suite 316	Suite, Apt. #, etc. Suite 316		6. FEI Number	Applied For	
City & State	City & State		<del> 65-0464693</del>	Not Applicable	
Palm Beach, FL	Palm Beach, FL		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8 Make short smaking for Book		
33480	33480		• Make check payable to: Dept.	of State (See reverse side for fee Information)	
9_ Name and Address of Current	t Registered Agent	T	10. If changed, new Registe	ered Agent/Office	
		Name			
TARR, WILLIAM F		Street Address	(P.O. Box Number Is Not Acceptable)	3ox Number is Not Accentable)	
316 ROYAL POINCIANA PLAZA	_340_Roval		val Poinciana Way		
PALM BEACH FL 33480 Suite, Apt #, etc. Suite 31					
		city Palm B	_	<b>FL</b> 33480	
SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT	IS A CORPORATION, L	IMITED P	ARTNERSHIP OR OTH		
MUS  11. Name(s) of General Partner(s)	T BE REGISTERED AN  Address of Each Genera  11a. (Do NOT Use Rost Office Ro	Partner 4	WITH THIS OFFICE.  1b. City, State & Zip Code	11c. Registration/	
1. Ratio(s) of Galletia Familia(s)	(Do NOT Use Post Office Bo	x Numbers)	TD. City, State & Zip Code	Document redition	
GLADES POWER PARTNERSHIP	316 POINCIANA PLAZA		PALM BEACH FL 33480	G94196900032	
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•		ĺ	1/	11/N	
Note: General partners MAY NOT	be changed on this form	ı; an amen	dment must be filed to c	hange a general partner.	
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by charged and the components of the components. Glades Power Partnership, Go	Section 119.07(3)(k) in the event that the infigrature shall have the same legal effects as its offer 620, Florida Statutes. North Ra	ormation supplied in f made under oath. V POMEY N	is deemed exempt from public access. I fund I further certify that I am a General Parther Management - Inc - Co	her certify that the information indicated on of the limited partnership, receiver or trustee	
SIGNATURE Par		Ocora POV	DATE	11/16/92	

Vice President

561-655-6303

Daytime Telephone Number