## 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

SIGNATURE

1a. DOCUMENT # **A93000000260** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -5 PM 1: 26

417-339-4405

Principal Office Address 3044 SHEPHERD OF THE HILLS ESBRANSON MO 65616  2a. Principal Office Address Suite, Apt. #, etc. City & State	XPWY #307	3, Date Formed or Registered 02/25/1993 3a, Date of Last Report 12/29/1997 4. State or Country of Formation FL 6. FEI Number 59-3168953	5a. Captu Show	al Contributions as n on record.  \$7,500.00  Int of Capital loutions in FLORIDA e:					
3044 SHEPHERD OF THE HILLS EXBRANSON MO 65616  28. Principal Office Address  Suite, Apt. #, etc.  City & State	XPWY #307	02/25/1993 3a. Date of Last Report 12/29/1997 4. State or Country of Formation FL 6. FEI Number	5b. Amou Contr	\$7,500.00  Int of Capital libutions in FLORIDA e:					
28. Principal Office Address Suite, Apt. #, etc. City & State		12/29/1997  4. State or Country of Formation  FL  6. FEI Number	5b. Amou Contr to det	int of Capital ibutions in FLORIDA e:					
Suite, Apt. #, etc.  City & State		FL 6. FEI Number		500.00					
City & State		••	_						
•			Applied For Not Applicable						
•			X	\$8.75 Additional Fee Required					
		8. Make check payable to: Dept. of State (See reverse side for fee information							
-1-4	<u> </u>	40 44							
9. Name and Address of Current Registered Agent  Name  LOONEY, STEPHEN R  200 S. ORANGE AVE.  SUN BANK CENTER, SUITE 3000  ORLANDO FL 32801  Name  Street Address (P.t.		TU. IT changed, new Registered	Agent/Onlog						
							authorized by its general partner(s). I hereb	y accept the ap	
					A CORPORATION, L BE REGISTERED AND	IMITED PA	RTNERSHIP OR OTHE WITH THIS OFFICE.	R BUSI	NESS ENTITY
11a. Address of Each General (Do NOT Use Post Office Box	Partner (Numbers) 11	b. City, State & Zip Code	11c.	Registration/ Document Number					
3044 SHEPHERD OF THE		BRANSON MO 65616		P93000001977					
		<b>400002</b> 6 -10/08/3 ****19	\$ 9 <b>7</b> 98011	746 01010 ****150.00					
				,					
	0.192, Florida Statutes, the above-named tered agent, or both, in the State of Florid section 620.192, Florida Statutes.  A CORPORATION, L BE REGISTERED ANI 11a. Address of Each General 11a. (Do NOT Use Post Office Box 3044 SHEPHERD OF THE	Street Address (P. Suite, Apt. #, etc. City  0.192, Florida Statutes, the above-named limited partnership stered agent, or both, in the State of Florida. Such change was section 620.192, Florida Statutes.  6 A CORPORATION, LIMITED PABE REGISTERED AND ACTIVE \ 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11  3044 SHEPHERD OF THE	Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  0.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the stered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereb section 620.192, Florida Statutes.  DATE  A CORPORATION, LIMITED PARTNERSHIP OR OTHE BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  BRANSON MO 65616	Name  Street Address (P.O. Box Number Is Not Acceptable)  Sulte, Apt. #, etc.  City  FL  0.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida tered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the apparent of the state of Florida Statutes.  DATE  ACCRPORATION, LIMITED PARTNERSHIP OR OTHER BUSI BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11a. (Do NOT Use Post Office Box Numbers)  11b. City, State & Zip Code  11c.  3044 SHEPHERD OF THE  BRANSON MO 65616  P93  *****150  DU  ******150  DU  *******150  DU  *******150  DU  *******150  DU  *******150  DU  *******150  DU  ******150  DU  *******150  DU  ********150  DU  *******150  DU  *******150  DU  *******150  DU  *******150  DU  *******150  DU  *******150  DU  ********150  DU  ********150  DU  ********150  DU  ********150  DU  ********150  DU  *********150  DU  *********150  DU  ************150  DU  ***********150  DU  ************150  DU  *********************************					

12. I do hereby contify 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 socurate and that my supplied that my supplied 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 priorities required by supplier 620, Florida Statutes.

Peggy Stewart/Asst.Corp.Sec'yDaytime Telephone Number