

**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
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FILED

LR 11/5

98 NOV -5 PM 12: 17

SECRETARY OF STATE
TALLAHASSEE FLORIDA



1. Name of Limited Partnership 505 PARTNERS, LTD.	1a. DOCUMENT # A93000000637
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2. Mailing Address P.O. BOX 947510 MAITLAND FL 32794-7510	2a. Principal Office Address 505 MAITLAND AVE. SUITE 200 ALTAMONTE SPRINGS FL 32701	3. Date Formed or Registered 06/17/1993	5a. Capital Contributions as Shown on record. \$165,429.00
		3a. Date of Last Report 12/26/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number <input type="checkbox"/> Applied For 59-3188622 <input type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent BRUNO, ANTHONY J 505 MAITLAND AVE. SUITE 200 ALTAMONTE SPRINGS FL 32701
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10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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 statement 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) _____ DATE _____

**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) THE ENSIGN COMPANY	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 505 MAITLAND AVE., #2	11b. City, State & Zip Code ALTAMONTE SPRINGS FL	11c. Registration/ Document Number F59924
100002683971--1 -11/10/98--01019--001 ***526.25 ****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 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 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 empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE Anthony J. Bruno DATE Nov 2, 1998
 Typed or Printed Name of General Partner Signing Form Anthony J. Bruno Daytime Telephone Number 407 262-9060

CR2E003 (8/98)