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

1a. DOCUMENT # A9300000978

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -9 PM 2: 04

__ DATE__10/6/98

Daylime Telephone Number 941 - 646 - 8783

SONORA PROPERTIES, LTD.				
Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
P.O. BOX 2571 LAKELAND FL 33808	3105 CLEVELAND HEIGHT BLVD. LAKELAND FL 33803		09/27/1993 3a. Date of Last Report	\$10,000.00
			12/08/1997	5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For
City & State	City & State		59-3203183	Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
			Make check payable to: Dept. or	State (See rave rse side for fee Information)
9. Name and Address of Current Registered Agent LEE, DANNY 3105 CLEVELAND HEIGHTS BLVD.		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable)		
	City		· · · · · · · · · · · · · · · · · · ·	FL Zip Code
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	egistered agent, or both, in the State of Flor			
			DATE	
	IS A CORPORATION, I	LIMITED PA	RTNERSHIP OR OTHE	
A GENERAL PARTNER THAT	A44		RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY
A GENERAL PARTNER THAT		el Partner ox Numbers) 11t	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY
A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	el Partner ox Numbers) 11t	RTNERSHIP OR OTHE VITH THIS OFFICE. D. City, State & Zip Code AKELAND FL 33803	R BUSINESS ENTITY 11c. Registration/ Document Number
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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.

Danny Lee, President