


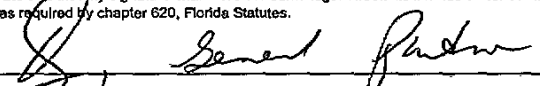
FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED

98 DEC 24 AM 9:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  SEMINOLE HOUSE, LTD.		1a. DOCUMENT # A93000001327	
Mailing Address  ATTN: OFFICE 1828 WEST PENSACOLA STREET TALLAHASSEE FL 32304	Principal Office Address  ATTN: OFFICE 1828 WEST PENSACOLA STREET TALLAHASSEE FL 32304	3. Date Formed or Registered 12/10/1993	5a. Capital Contributions as Shown on record. \$200,000.00
2. Mailing Address  Suite, Apt. #, etc.	2a. Principal Office Address  Suite, Apt. #, etc.	3a. Date of Last Report 01/06/1998	5b. Amount of Capital Contributions in FLORIDA to date:
City & State	Country	4. State or Country of Formation FL	6. FEI Number 59-3227910 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
COOPER, 3375-A CA TALLAHAS		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 2414 East Plaza Drive Suite, Apt. #, etc. City FL Zip Code	
10a. Pursuant for the agent.		I, named limited partnership organized or registered under the laws of the State of Florida, submits this statement of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered	
SIGNATURE (Required) A GENERAL PARTNER, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY AND ACTIVE WITH THIS OFFICE.		DATE	
11. Name(s) of General Partner(s)  RAINEY, DENNETT I	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1447/STONE ROAD / / 1828 West Pensacola	11b. City, State & Zip Code TALLAHASSEE FL 32304	11c. Registration/ Document Number  500002742965--8 -01/15/99--01007--006 ***1353.05 ****\$26.25
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 		DATE 12/14/98	
Typed or Printed Name of General Partner Signing Form		Daytime Telephone Number	

OR2E003 (8/98)