

**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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 15 PM 12: 26

1. Name of Limited Partnership	1a. DOCUMENT # A94000000188
SIERRA VENTURES, LTD.	



Mailing Address 15436 NORTH FLORIDA AVENUE, SUITE 200 TAMPA FL 33613	Principal Office Address 15436 NORTH FLORIDA AVENUE, SUITE 200 TAMPA FL 33613	3. Date Formed or Registered 02/15/1994	5a. Capital Contributions as Shown on record. \$9,900.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 09/22/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$9900
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formallon FL	6. FEI Number 59-3233216 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	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)
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent SIERRA, J. ROBERT 15436 NORTH FLORIDA AVENUE, SUITE 200 TAMPA FL 33613	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002641433 Suite, Apt. #, etc. -09/16/98-01079-012 1 City ***158.05 FL ***158.05
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
AVILA DEVELOPMENT CORPORATIO	15436 N. FLORIDA AVEN	TAMPA FL 33613	K09894 <i>OK 9-16</i>

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

Thomas H. Gray Vice President
THOMAS H. GRAY

DATE

9/8/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

813-962-0440

CR2E003 (8/98)