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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



empowered to execute this report as required by chapter 620 Florida Statutes.

SIGNATURE_

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILEO SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -5 AMII: 16

7. Name of Limited Partnership	1	A9400000587				
THOR GROUP LIMITED III PARTNERSHIP	, A FLORIDA LIMITED					
Malling Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
48-16 14TH STREET WEST Bradenton FL 342 07	48-16 14TH STREET WEST Bradenton FL 34207			04/27/1994 38. Date of Last Report 09/23/1997 5		680,000.00
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.	Sulte, Apt. #, etc.	Suite, Apt. #, etc.		FL 6. FEI Number	Applied For	
City & State	City & State	City & State		59-3230827		
Zip Country	Zip	Zip Country		7. Certificate of Status Desired	X	\$8.75 Additional Fee Required
		· · · · ·		8, Make check payable to: Dept. of	State (See reve	rse side for fee Information
9. Name and Address of	f Current Registered Agent	10. If changed, new Registered Agent/Office				
ROTH, LESLI E P		Name Street Address (P.O. Box Number Is Not Acceptable)				
48-16 14TH STREET WEST BRADENTON FL 34207		Suite, Apt. #, etc.				
DRADENTON PL 34207		City FL Zip Code Y				
10a. Pursuant to the provisions of sections 620. for the purpose of changing its registered of agent. I am familiar with, and accept the ob-	.1051 and 620.192, Florida Statutes, the above-nar office or registered agent, or both, in the State of Fi bilgations of section 620.192, Florida Statutes.	ned limited partn orida. Such chan	ership organize ge was authoriz	d or registered under the laws of the red by its general partner(s). I hereby	State of Florid y accept the ap	e, submits this stalement pointment of registered
SIGNATURE (Registered Agent Accepting Appointm	nent)			DATE	_	
A GENERAL PARTNER T	HAT IS A CORPORATION, MUST BE REGISTERED AI	LIMITED ND ACTIV	PARTN VE WITH	ERSHIP OR OTHE		NESS ENTITY
11, Name(s) of General Partner(s)	11a. Address of Each Gene (Do NOT Use Post Office	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)		City, State & Zip Code	11c.	Registration/ Document Number
ROTH, LESLI E P			BRADENTON FL 34207			
•				3000026 -10/07/ *****\$3	5 5 6 4 793 - 01 15 00	5739 103-017 ****535.00
Note: General partners MAY	NOT be changed on this for	m; an am	endment	must be filed to cha	inge a ge	neral partner.
 I do hereby certify that the Information supplie Corporations from any liability of non-complian 		ot qualify for the	exemption state	od in Section 119.07(3)(k), Florida St	tatutes. I release	the Division of