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 # A9400000649

FILED 99 FEB -3 /// 10: 20

| | A9400000649 | | | TALLA NA LA LA TEORIDA | |
|--|---|---|------------------|---|---|
| ALAN BRUCE INVESTMENTS PARTNERSHIP, LTD. | | | | | |
| Malling Address 2301 SILVER STAR ROAD ORLANDO FL 32804 2. Mailing Address | Principal Office Address 2301 SILVER STAR ROAD ORLANDO FL 32804 2a. Principal Office Address | | | 3. Date Formed or Registered 05/11/1994 3a. Date of Last Report 12/16/1997 4. State or Country of Formation | 5a. Capital Contributions as Shown on record. \$1,485,000.00 5b. Amount of Capital Contributions in FLORIDA to date: |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | FL 6. FEI Number 59-3241826 | 1,985,000. Applied For Not Applicable |
| City & State Zip Country | Zip Country | | | 7. Certificate of Status Desired | \$8.75 Additional Fee Required |
| - County | | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | |
| 9 Name and Address of Gurrent Re | egistered Agent | Ι | | 10. If changed, new Registered | Agent/Office |
| MILLIAMS, BRUCE E 2301 SILVER STAR ROAD DRIANDO FL 32804 8. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named I for the purpose of changing its registered office or registered agent, or both, in the State of Florida agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes. | | Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. -01/14/9901003005 City *****526.25 limited partnership organized or registered under the laws of the State of Florida, submits this statement a. Such change was authorized by its general partner(s). I hereby accept the appointment of registered | | | |
| SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS MUST | S A CORPORATION, L BE REGISTERED AN | IMITED D ACTIV | PART VE WIT | NERSHIP OR OTHE | 2 18 98 R BUSINESS ENTITY |
| 11. Name(s) of General Partner(s) | 11a. Address of Each General | 0.4 | 11b. | City, State & Zip Code | 11c. Registration/ |
| ALAN BRUCE INVESTMENTS COMPA | -1407 GOVEREICH GOURT- 2301 SILVET Stav Rd. | | ORLANDO FL 32804 | | CR2E003 (8/98) |
| Note: General partners MAY NOT I | e changed on this form | ; an am | endme | nt must be filed to cha | ange a general partner. |
| 12. I do hereby certify that the Information supplied with this Corporations from any liability of non-compliance with Se this annual report is true and accurate and that my signal empowered to execute this report as required by chapter SIGNATURE | filing is voluntarily furnished and does not oction 119-07(3)(k) in the event that the Influer Shall have the same legal effects as it 620, Florida Statutes. | qualify for the propation sup- made under | exemption s | tated in Section 119.07(3)(k), Florida S ad exempt from public access. I further r certify that I am a General Partner of I | tatutes. I release the Division of certify that the information indicated on |
| Typed or Printed Name of General Partner Signing Form | ruce E Willia | ins | | Daytime Telephone Number | 1071295-2530 |