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

FILED

1999	3	DIVISION OF COR	PORATIONS	98 DE	C 24 PM 12: 28
1. Name of Limited Partnership	1a. A94	DOCUME 40000008		SECRETARY OF STATE TALLAHASSEE. FLORIDA	
TOMPKINS COMPANY	, LTD.				***************************************
Mailing Address	Principal Offic	e Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
1731 BOGGY CREEK ROAD KISSIMMEE FL 34744	1731 BOGG KISSIMMEE	Y CREEK ROAD FL 34744		06/13/1994 3a. Date of Last Report 12/15/1997	\$95.00 5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Princip	val Office Address	<u></u> .,	4. State or Country of Formation	to date:
Sulte, Apt. #, etc. City & State	Suite, Apt. #,	Suite, Apt. #, etc. City & State		FL 6. FEI Number 59-3253036	Applied For Not Applicable
Zip Country	Zip	Co	untry	7. Certificate of Status Desired	\$8.75 Additional Fee Required
				8. Make check payable to: Dept. of S	State (See reverse side for fee information)
agent. I am familiar with, and acce SIGNATURE (Registered Agent Accepting)	pistered office or registered agent, or institute obligations of section \$20.192, Appointment) ER THAT IS A CORIMUST BE REG	Statutes, the above-named line both, in the State of Florida. Florida Statutes.	Suite, Apt. #, etc. City nited partnership orga Such change was auth MITED PAR' ACTIVE WI	horized by its general partner(s). I hereby	
11. Name(s) of General Partner(s)	11a. ₍₀₀	Address of Each General Pa NOT Use Post Office Box N	urtner umbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
STATE HOUSING AND DEVE	LOPMEN 1731 B	oggy Creek Road	KIS	-01/14	P93000045286
Note: General partners	MAY NOT be change	ed on this form;	an amendme	ent must be filed to cha	nge a general partner.
this annual report is true and accura-	-compliance with Section 119.07(3)(kee and that my signature shall have the regular by chapter 620, Florida state	 in the event that the inform e same legal effects as if ma tutes. 	ation supplied is deen ade under oath. I furth	ned exempt from public access. I further er certify that I am a General Partner of t	certify that the information indicated on he limited partnership, receiver or trustee
Transfer Protect Name of Course Protects	Thomas 9.	Tousking Vice	Pres 0/6.	P. Davidson Tolenhane Number 4	07-847-6717