

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
99 FEB 16 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership
**1a. DOCUMENT #
A94000001435**
SHAUN HILLARY, SR. LIMITED PARTNERSHIP

Mailing Address 619 STATE ROAD 50 GROVELAND FL 34736	Principal Office Address 619 STATE ROAD 50 GROVELAND FL 34736
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 10/26/1994	5a. Capital Contributions as Shown on record \$767,250.00
3a. Date of Last Report 12/18/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date
6. FEI Number 59-3280791	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent
**HATCHER, STEPHEN B
315 E. ROBINSON STREET
ORLANDO FL 32801**

10. If changed, new Registered Agent/Office
Name: **W. Charles Shuffield**
Street Address (P.O. Box Number is Not Acceptable): **315 E ROBINSON STREET**
Suite, Apt. #, etc.: **Suite 600**
City: **Orlando** FL Zip Code: **32801**

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) *Charles Shuffield* DATE **Feb. 2, 1999**
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
HILLARY, JOHN J JR.	619 STATE ROAD 50	GROVELAND FL 34736	000002280791-4 -02/25/99-01098-004 ***526,25 ***526,25 <i>SL 2-19-99</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 *John J. Hillary* DATE **12/22/98**
Typed or Printed Name of General Partner Signing Form: **(SHAUN) J. Hillary** Daytime Telephone Number: **352-429-4151**

CR2E003 (8/95)