## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9400001752** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 APR -5 PM 3: 29



CRANE'S COVE CONDOMINIUMS, LTD.			E ISBUGUS ADIS ADIAL DIPATI ORDITA DOSTA DOSTA BOTA ESTOT ACOM FOCAL DISTO ATOM	
Mailing Address  4255 SILVER PINE STREET  KISSIMMEE FL 34746	Principal Office Address  4255 SILVER PINE STREET KISSIMMEE FL 34746		3. Date Formed or Registered 12/19/1994 3a. Date of Last Report 01/14/1998	5a. Capital Contributions as Shown on record \$7,500.00  5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	7,500.00
Suite, Apt. #, etc.	Suite, Apt. #, etc  City & State		6. FEI Number 59-3288184	Applied For  Not Applicable
Zip Country	Zip Country		7. Cerlificate of Status Desired  8. Make check payable to Dept	\$8.75 Additional Fee Required of State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent Office		
TODD, EVAN J 4255 SILVER PINE STREET KISSIMMEE FL 34746  10a, Pursuant to the provisions of sections 620,1051 for the purpose of changing its registered office of agent. I am familiar with, and accept the obligations of sections (Registered Agent Accepting Appointment)	r registered agent, or both, in the State of Flor	Suite, Apt City  ed limited partn	orship organizad or regislered under the laws of	ereby accept the appointment of registered
	<u>ST BE REGISTERED AN</u>	<b>ND ACTI</b>	VE WITH THIS OFFICE.	
11. Name(s) of General Partner(s)	Address of Each General 11a. (Do NOT Use Post Office Bo	al Partner ox Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
T, R & R INTERNATIONAL, INC.	4255 SILVER PINE ST	RE	J∩4./t	P9400086976 PP
Note: General partners MAY NO  12. I do hereby certify that the information supplied with from any liability of non-compliance with Section 11 is true and accurate and that my signature shall har	this filing is voluntarily furnished and does not 9 07(3)(k) in the event that the information sup	t qualify for the opplied is deeme	exemption stated in Section 119 07(3)(k). Florida dexempt from public access it further certify tha	Statutes Trelease the Division of Corporation tithe information indicated on this annual repor
execute this report as required by chapter 620, Flor			DATE	411.100

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