

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 #
A95000000050

HAIDT LIMITED PARTNERSHIP

FILED

98 NOV 20 PM 1:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
3060 WESTGATE AVE. WEST PALM BEACH 3433409	3060 WESTGATE AVE. WEST PALM BEACH 3433409	12/27/1994	\$1,772,800.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	12/11/1997	
City & State	City & State	4. State or Country of Formation	FL
Zip	Country	6. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		65-0630416	
		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

10. If changed, new Registered Agent/Office

HENRY, THORNTON M ESQ
JONES, FOSTER, JOHNSTON & STUBBS, P.A.
505 S. FLAGLER DRIVE, SUITE 1100
WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

Zip Code

FL

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)

DATE

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
HAIDT, FLORA BELLE	1213 SUWANEE DRIVE	WEST PALM BEACH FL 33422 200002685422--0 11/24/98--01058--014 ***526.25 ***526.25	AL NOV 20 1998

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

Flora Belle Haidt

DATE

Typed or Printed Name of General Partner Signing Form

Flora Belle Haidt

Daytime Telephone Number

(561) 683-3186