FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A95000001094

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 NOV 17 AM 11:57

MYERLEE MANOR REALTY PARTNERS (LIMITED PARTNERSHIP)					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1499 BRANDYWINE CIRCLE FORT MYERS FL 33919	1499 BRANDYWINE CIRCLE FORT MYERS FL 33919	1499 BRANDYWINE CIRCLE		\$150,000.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		to date:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable	
Zlp Country	Zip	Zip Country		\$8.75 Additional Fee Required State (See reverse side for fee information)	
Q Name and Address	of Current Registered Agent		10. If changed, new Registered	1.0	
g_ Haine and Address	or contain valiented Water	Name			
BNJ MANAGEMENT, INC. 1499 BRANDYWINE CIRCLE		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #	ite, Apt. #, etc.		
		City		FL Zip Code	
for the purpose of changing its registered agent. I am familiar with, and accept the SIGNATURE (Registered Agent Accepting Appoint	20.1051 and 620.192, Florida Statutes, the above-nam d office or registered agent, or both, in the State of Flo obligations of section 620.192, Florida Statutes. thrent) THAT IS A CORPORATION, MUST BE REGISTERED AN	rida. Such change	e was authorized by its general partner(s). I hereby	y accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Gener	al Partner	11b. City, State & Zip Code	11c. Registration/ Document Number	
BNJ MANAGMENT, INC.	1499 BRANDYWINE CIRCL		FORT MYERS FL 33919	P95000035467	
			100002 -11/19 ****5	6920016 /3801094001 26.25 ****526.25	
Note: General partners MA	Y NOT be changed on this form	n; an ame	endment must be filed to cha	nge a general partner.	
12. I do hereby certify that the information supp Corporations from any liability of non-compl this annual report is true and accurate and	blied with this filing is voluntarily furnished and does no liance with Section 119.07(3)(k) in the event that the in that my signature shall have the same legal effects as ad by chapter 620. Floridar Statutes.	t qualify for the ex formation supplie	xemption stated in Section 119.07(3)(k), Florida Sted is deemed exempt from public access. I further	atutes. I release the Division of certify that the information Indicated on	