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

LIMITED PARTNERSHIP ANNUAL REPORT

empowered to execute this report as required by chap

Typed or Printed Name of General Partner Signing Form

SIGNATURE_



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 DEC. 10

1999		DIVISION OF CORPORATIONS		So TEC 18 AMII: 09			
1. Name of Limited Partnership	1a. A95	DOCUMENT 000001165			114 09		
MONTEOCHA PARTNERS, LTD.				Di 2/30			
Mailing Address	Principal Office	Address		3. Date Formed or Registered	5a. Capita	al Contributions as n on record.	٦
AGA NA MANA GT	40.41 44.01			07/31/1995	Show	n on record.	1
104 N. MAIN ST. STE. 300	104 N. MAIN S STE. 300	il.		3a. Date of Last Report	\$50.00		
GAINESVILLE FL 32601	GAINESVILLE F	1 32601		•			_
				12/18/1997	5b. Amount of Capital Contributions in FLORIDA		Ì
2. Mailing Address	2a. Principal	Office Address		4. State or Country of Formation	to dat	e:	
Suite, Apt. #, etc.	Suite, Apt. #, et	Suite, Apt. #, etc. City & State		6. FEI Number	<u> </u>		\dashv
City & State	City & State			59-3344827		Applied For Not Applicable	
Oily & State	City & State			7. Certificate of Status Desired		\$8.75 Additional Fee Required	7
Zip Country	Zip	Zip Country		8. Make check payable to: Dept. of 8	tate (See reve		\exists
							\exists
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
THOMPSON O EDEDEDICK			Name				
THOMPSON, C. FREDERICK 104 N. MAIN ST. STE. 300			Street Address (P.O. Box Number Is Not Acceptable)				
			Suite, Apt. #, etc.				
GAINESVILLE FL 32601			· · · · · · · · · · · · · · · · · · ·			_	
CARVESVICLE FE 32001		City			FL	Zip Code	
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the purpose of changing agent. I am familiar with and accept the obligations of the purpose of the provision of the provision of the purpose of the provision of the purpose of the purpose of the provision of the purpose of the purpose of the purpose of the provisions of sections 620.105 for the purpose of the p	e or registered agent, or bot ations of section 620,192, Fi	h, in the State of Florida. Such c					
A GENERAL PARTNER TH		ORATION, LIMITI	ED PART		R BUSII	VESS ENTITY	\dashv
M	JST BE REGIS	TERED AND AC	TIVE WIT	H THIS OFFICE.			╛
11. Name(s) of General Partner(s)		dress of Each General Partner OT Use Post Office Box Number	s) 11b.	City, State & Zip Code	11c.	Registration/ Document Number	
THOMPSON PROPERTY MANAGEMENT 104 N. MAIN ST., STE.				INESVILLE FL 32601 P9		5000080910	
			in any	100002 -01/11 *****1	/9901	2 81 ——3 001—005 ****141.25	100
Note: General partners MAV No	OT be changed	on this form: an i		nt must be filed to sha	DG0 3 G	noral partner	-

12. I do hereby certify that the information supplied with this fiting 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 cath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number,

FREDERICK THOMPSON