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 # A95000001192

FILED

98 DEC 31 PM 2: 34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HERITAGE HOMES LABELLE, LTD.				
Mailing Address	Principal Office Address	3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 1441 CAPE CANAVERAL FL 32920	450 CHALLENGER RD CAPE CANAVERAL FL 32920	08/08/1995 3a. Date of Last Report	\$1,000.00	
	<u></u>	10/31/1997 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	FL	189,690.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number	Applied For	
City & State	City & State	59-3328554 7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip Country		\$8.75 Additional Fee Required late (See reverse side for fee information)	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
9. Name and Address of Current Re	12 of 1 - 1 - 10	- la de la la		
POPP, GREGORY A ESQ. Street Address (P.O. BoxyNumber is Not Acceptable)			nan	
450 CHALLENGER RD	Suite, Apt.	HED (pallonger +	1, hallouder 4 coud	
CAPE CANAVERAL FL 32920		\(\frac{1}{2}\)		
	City (Son (Snowers)	FL 23920	
10a. Pursuant to the provisions of sections 620.1951 and 620.195, 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 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/	
HERITAGE PARTNERS GROUP XXV,	450 CHALLENGER RD	CAPE CANAVERAL FL 329	CRZE003 (8/98)	
		8000027 -01/18/3 ****535		
Note: General partners MAY NOT h	e changed on this form: an am	endment must be filed to cha	nge a general partner.	
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 votuntarily 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				
ALISON KERR - HULL COLVARD (67 - 799 - 11090 × 2017				
Typed or Printed Name of General Partner Signing Form				