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 # A95000001219

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

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- 1 (8858) | 1018 | 1618 | 215 | 2011 | 2217 | 003 | 2817 | 003 | 1418 | 338 | 1118 | 3317 | 1018



TROPICAL MANOR PROPERTIES, LTD.											
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.						
2237 S. ATLANTIC AVE. DAYTONA BEACH FL 32118	2237 S. ATLANTIC AVE. DAYTONA BEACH FL 32118			08/15/1995 3a. Date of Last Report							
	33			12/31/1997	5b. Amou	nt of Capital butions in FLORIDA					
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to date: 7,500 a						
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FE! Number	Applied For						
City & State	City & State			59-3332348 7. Certificate of Status Desired		Not Applicable					
Zip Country	Zip Country			Certificate of Status Desired \$8.75 Additional Fee Required Nake check payable to: Dept. of State (See reverse side for fee information)							
				10 % 10 % 10 % 10 % 10 % 10 % 10 % 10 %							
9. Name and Address of Current Registered Agent DANDO, AUDREY E 2237 S. ATLANTIC AVE. DAYTONA BEACH FL 32118		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.									
							City	FL Zip Code			
							Pursuant to the provisions of sections 520.1051 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 (Do NOT Use Post Office Box		11b.	City, State & Zip Code	11c.	Registration/ Document Number					
TROPICAL MANOR MANAGEMENT, I 2237 S. ATLANTIC AVE.		1	DAYTONA BEACH FL 3211		P95000062730						
				1000026 -10/28/ ****1	3750 98-010 41 25	750511 8-01091018 1 25 ****141.25					
Note: General partners MAY NOT b	e changed on this form	ı; an am	endmei	nt must be filed to ch	ange a ge	eneral partner.					
						-					

12. I do hereby certify that the information supplied with this filling 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

PANDO

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form