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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

1a. DOCUMENT # A9500001251

. Lorie I Alvis OF State TALLAHASSEE, FLORIDA

FILED

CB CCT 16 AN 7: 54

H. B. ASSOCIATES OF THE TREASURE COAST, LTD.						
Mailing Address 3766 SE OCEAN BLVD., SUITE 102 STUART FL 34996	Principal Office Address	Principal Office Address 3766 SE OCEAN BLVD SUITE 102		3. Date Formed or Registered 08/22/1995 3a. Date of Last Report 03/09/1998	5a. Capital Contributions as Shown on record. \$1,479,060.00 5b. Amount of Capital Contributions in FLORIDA to date:	
Mailing Address Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.			4. State or Country of Formation FL 6. FEI Number	\$1,479,060	
City & State	City & State			65-0603776 7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required	
Zip Country	Zip	Country		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			
TAYLOR, WM. FRED 3766 SE OCEAN BLVD, SUITE 102 STUART FL 34996		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City Lip Code				
for the purpose of changing its registered offi agent. I am familiar with, and accept the oblig SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER TH	nt)	ida, Such chang	PART	rized by its general partner(s). I hereby the state of th	y accept the appointment of registered	
11. Name(s) of General Partner(s)	11a. Address of Each Gener		11b.	City, State & Zip Code	11c. Registration/ Document Number	
JUL-JAC, INC.	3766 SE OCEAN BLVD		STU	ART FL 34996	P95000057313	
		. ,		700002 -10/20 ****5	5685779 /38-01081-023 26,25 ****\$26,25	

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 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

ter 620, Florida Statutes.

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 ag if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number