## WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

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LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPART Sandra B. Secretary DIVISION OF CO	<b>Mortham</b> of State		W1/13/99
1. Name of Limited Partnership	1a. DOCUMENT # A95000001355		SECRETARY OF S TALLAHASSEE FLO	TATE
AMERICAN VALLEY-PANAMA CITY, LTD.				
Mailing Address PO BOX 8149 COLUMBUS GA 31908	Principal Office Address 11004 FRONT BEACH RD PANAMA CITY BEACH FL 32407		3. Date Formed or Registered 09/12/1995 3a. Date of Last Report 12/29/1997	99/12/1995 3a. Date of Last Report 12/29/1997  5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 58-2193778	Applied For Not Applicable
Zip Country	Zip	Country	7. Certificate of Status Desired  8. Make check payable to: Dept. of S	\$8.75 Additional Fee Required tate (See reverse side for fee information)
9. Name and Address of Current Registered Agent 11			10. If changed, new Registered	Agent/Office
DANIEL, JOHN P 3 WEST GARDEN STREET, SUITE 700		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc.		
PENSACOLA FL 32501		City	·	Zip Code
10a. Pursuant to the provisions of sections 620.1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of signature. (Registered Agent Accepting Appointment)	stered agent, or both, in the State of Florida			
A GENERAL PARTNER THAT IS MUST	BE REGISTERED AND	ACTIVE '	ARTNERSHIP OR OTHER WITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner Numbers) 11	b. City, State & Zip Code	11c. Registration/ Document Number
DAVIDSON, STEVEN Y	5135 MIDLAND TRACE		MIDLAND GA 31820	
<b>√</b>			4000027 -01/14/ ****52	7421243 /9301089018 8.35 ****526.35

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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

CR2E003 (8/98)