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 SYATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT#

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SECRETARY OF STATE

	A95000001590			TALLAHASSEE, FLORIDA		
THE ISLES OF PLANTATION A	CRES, LTD.					
Mailing Address P.O. BOX 770610 CORAL SPRINGS FL 33077	Principal Office Address 9709 W. SAMPLE ROAD CORAL SPRINGS FL 33065			3. Date Formed or Registered 10/19/1995 3a. Date of Last Report 02/17/1998 4. State or Country of Formation	5a. Capital Contributions as Shown on record. \$396.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address P.O. Box 100610 Suite, Apt. #, etc. City & State COLOC Spr. Wiss 21 Zip Country 33010 USA	2a. Principal Office Address 9 10 9 W. Sample Suite, Apt. #, etc. Sity & State COLAC SOLUCS Zip 33065	Country US A		FL 6. FEI Number 65-0593950 7. Certificate of Status Desired	Applied For Not Applicable \$8.75 Additional Fee Required State (See reverse side for fee information)	
	100003		·			
9. Name and Address of Current	Registered Agent	Name		10. If changed, new Registered	Agent/Office	
BUTLER, BRUCE S 9709 W. SAMPLE ROAD CORAL SPRINGS FL 33065		Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code				
for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	of section 620.192, Florida Statutes. IS A CORPORATION, IF BE REGISTERED AN	IMITED	PARTI	DATE		
11. Name(s) of General Partner(s)	Address of Each Genera (Do NOT Use Post Office Bo	al Partner ox Numbers)	11b.	City, State & Zip Code	11c. Registration/ Document Number	
EXECUTIVE DEVELOPMENT GROUP, BUTLER, BRUCE S	5030 NORTHWEST 109TH 9709 W. SAMPLE ROAD		SUNRISE FL 33351 CORAL SPRINGS FL 3306 200027 -01/15/ ****14		√8901103- - 001 [
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Note: General partners MAY NOT	be changed on this form	n; an am	endmen	it must be filed to cha	ange a general partner.	
12. It do hereby certify that the information supplied with the Corporations from any liability of non-compliance with this annual report is true and accurate and that my sign empowered to execute this report as required by chapt	Section 119.07(3)(k) in the event that the in- nature shall have the same legal effects as	formation supp	lied is deemed	d exempt from public access. I further certify that I am a General Partner of I	certify that the information indicated on the limited partnership, receiver or trustee	
SIGNATURE \$ \		-		DATE	12/00/88	
Typed or Printed Name of General Partner Signing Form				Daytime Telephone Number		