

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

**FILED**  
98 DEC 24 PM 2:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  
**1a. DOCUMENT #**  
**A95000001849**

**ARBUTINE ASSOCIATES LIMITED**

Mailing Address 730 NORTH INDIAN ROCKS RD. BELLEAIR BLUFFS FL 33770	Principal Office Address 730 NORTH INDIAN ROCKS RD. BELLEAIR BLUFFS FL 33770	3. Date Formed or Registered 12/01/1995	5a. Capital Contributions as Shown on record. \$99.00
		3a. Date of Last Report 02/09/1998	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3351118	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent ARBUTINE, PATRICIA L 730 NORTH INDIAN ROCKS RD. BELLEAIR BLUFFS FL 34640	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL 33770
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10a. Pursuant to the provisions of sections 620.1051 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 Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
ARBUTINE, MILLER B TRUSTEE	730 NORTH INDIAN ROCK	BELLEAIR BLUFFS FL 33770	100002740481--2 -01/13/98--01093--014 ****141.25 ****141.25
ARBUTINE, PATRICIA L TRUSTEE	730 NORTH INDIAN ROCK	BELLEAIR BLUFFS FL 33770	

**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 Patricia L. Arbutine DATE 12/19/98

Typed or Printed Name of General Partner Signing Form PATRICIA L. ARBUTINE Daytime Telephone Number 727-081-6827

CR2E003 (8/98)