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

DOCUMENT#

FILED SECRETARY OF STATE OFFISION OF CORPORATIONS

98 DEC -7 PH 1: 44

| | ASSUUUUU | 1889 | | | | | |
|---|---|---|---------------|---|---|-----------------------------------|--|
| ACD ASSOCIATES LIMITED PARTNERSHIP | | | | | | | |
| Mailing Address | Principal Office Address | Principal Office Address | | 3. Date Formed or Registered | 5a. Capital Contributions as Shown on record. | | |
| 305 S.W. 140 TERRACE NEWBERRY FL 32669 | 305 S.W. 140 TERRACE NEWBERRY FL 32669 | | | 12/07/1995 3a. Date of Last Report 11/12/1997 | \$800.00 5b. Amount of Capital Contributions in FLORIDA to date: | | |
| 2. Mailing Address | Za. Principal Office Address | 2a. Principal Office Address | | 4. State or Country of Formation | | | |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. | Suite, Apt. #, etc. City & State | | 6. FEI Number 59-3349464 | Applied For Not Applicable | | |
| Zip Country | | Zip Country | | 7. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| | | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) | | | |
| 9. Name and Address of Cu | 10, if changed, new Registered Agent/Office | | | | | | |
| AWARE DEVELOPMENT, INC. 305 S.W. 140 TERRACE NEWBERRY FL 32669 | | Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. | | | | | |
| | | City | | | FL | Zip Code | |
| 10a. Pursuant to the provisions of sections 620,108 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation. | e or registered agent, or both, in the State of F | | | | | | |
| SIGNATURE (Registered Agent Accepting Appointment) | | | | DATE | | | |
| A GENERAL PARTNER TH | AT IS A CORPORATION, UST BE REGISTERED A | , LIMITED ND ACTIV | PART E WIT | NERSHIP OR OTHEI 'H THIS OFFICE. | R BUSI | NESS ENTITY | |
| 11. Name(s) of General Partner(s) | 11a. Address of Each Gen | | 11b. | City, State & Zip Code | 11c. | Registration/ Document Number | |
| AWARE DEVELOPMENT, INC. | į | 305 S.W. 140 TERRACE | | NEWBERRY FL 32669 | | P95000091357 | |
| | | | | 1000027 -12/15/ ****14 | 7 1 3 C 33 - 01 1,25 | 011 D 062-020 ****141.25 | |

Note; General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 Cimporations 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 the 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.

Typed or Printed Name of General Partner Signing Form

SIGNATURE \(\(\)

Daytime Telephone Number

DATE 12-2-98