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 DIVISION OF CORPORATIONS

99 JAN -4 PM 3: 34

-	A96000000049					
MAHONE DEVELOPMENT V, LTD.			\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 8187 ROANOKE VA 24014	C/O MAHONE DEVELOPMENT V. L.C. 210 FIRST STREET. S.W SUITE 240 ROANOKE VA 24011			01/05/1996 3a. Date of Last Report 03/23/1998	\$100.00 5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	to unio.	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<u> </u>		6. FEI Number	Applied For	
City & State	City & State			58-2218997	Not Applicable	
Zip Country	ROANOICE, VA			7. Certificate of Status Desired	\$8.75 Additional Fee Required	
	24014	-		8. Make check payable to: Dept. of S	state (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office			
INITEON DENICE !		Name				
HUTSON, DENISE Ł 703 NORTHEAST 1ST STREET		Street Address (P.O. Box Number Is Not Acceptable)				
GAINESVILLE FL 32601			Suite, Apt. #, etc.			
	City			. Zip Code		
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)		11.617777		DATE	D DUOINEGO ENTEN	
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 Genera	il Partner	11b.	City, State & Zip Code	11c. Registration/ Document Number	
MAHONE DEVELOPMENT V, L.C.	210 FIRST STREET, S.W		ROANOKE VA 24011		L9600000014	
				200002 -01/22 ****1	7509726 /9901010016 11.25: ****141.25	
•						
•						
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						

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.

MANUE DEVELOPMENT V. LC. GENERAL PARTNER

NATURE

DATE

DATE

DATE

DATE

DATE SIGNATURE ALMA THE BRADLEY MARTIN, SECRETARY Typed or Printed Name of General Partner Signing Form

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