## 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

1a. DOCUMENT # A9600000230

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IALLA	HASSEF	FSTATE	
		FSTATE	

	A9600000230			ALLAHASSEE STATE		
PALMS CENTER, LIMITED						
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
C/O WEGMAN ASSOC 8001 N DALE MABRY STE 101A TAMPA FL 33614	1715 N, WESTSHORE BLVD. SUITE 750 TAMPA FL 33607		01/30/1996 3a. Date of Last Report 12/24/1997	\$476,607.18  5b. Amount of Capital		
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	— Contributions in FLORIDA		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3359591	Applied For		
City & State	City & State		7. Certificate of Status Desired			
Zip Country	Zip Country		8. Make check payable to: Dep	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 Current Re	egistered Agent		10. If changed, new Regis	tered Agent/Office		
GRANT, JOHN A JR. 1715 N. WESTSHORE BLVD., SUITE 750 TAMPA FL 33607		Name   Street Address (P.O. Box Number is Not Acceptable)     4				
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regi agent. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Florid					
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 11	1b. City, State & Zip Code	11c. Registration/ Document Number		
PALM CENTER DEVELOPMENT COMP	1715 N. WESTSHORE BL	v	TAMPA FL 33607	P95000071378		
				J. J		

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

\_ Daytime Telephone Number

CRZEUUS (8/98)