

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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 MAR 22 PM 2: 13



1. Name of Limited Partnership  <b>ACREE ENTERPRISES, LTD.</b>		1a. DOCUMENT # <b>A96000001189</b>	
Mailing Address  PO BOX 166 DELAND FL 32721-0166		Principal Office Address  1025 N. WOODLAND BLVD. DELAND FL 32721	
2. Mailing Address  Suite, Apt. #, etc.  City & State  Zip Country		2a. Principal Office Address  Suite, Apt. #, etc.  City & State  Zip Country	
3. Date Formed or Registered  06/25/1996		5a. Capital Contributions as Shown on record  \$7,000.00	
3a. Date of Last Report  04/08/1998		5b. Amount of Capital Contributions in FLORIDA to date.	
4. State or Country of Formation  FL		6. FEI Number  59-3389490	
7. Certificate of Status Desired  <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent  ACREE, W M III 1025 N. WOODLAND BLVD. DELAND FL 32721		10. If changed, new Registered Agent/Office  Name  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. #, etc.  City  FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 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)  ACREE CONSOLIDATED ENTERPRIS	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  1025 N. WOODLAND BLVD	11b. City, State & Zip Code  DELAND FL 32721	11c. Registration/Document Number  J38456
8000002823638--0 -03/30/99--01060--008 ****141.25 ****141.25 B/K 3/22/99			

**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 Laren Hecce DATE 12/20/99  
Typed or Printed Name of General Partner Signing Form Laren Hecce Daytime Telephone Number 904-734-6105