

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 JAN -5 PM 2:45



1. Name of Limited Partnership		1a. DOCUMENT # A96000001206	
ELSBERRY, LTD.			
Mailing Address	Principal Office Address		
P.O. BOX 3172 APOLLO BEACH FL 33572	6203 N. HIGHWAY 41 RUSKIN FL 33570		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
06/19/1996	\$764,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FL (06/19/96 to date)
03/20/1998	678,216
4. State or Country of Formation	6. FEI Number
FL	59-3387977
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Make check payable to Dept. of State (See reverse side for fee information)	\$8.75 Additional Fee Required
	\$526.25
10. If changed, new Registered Agent/Office	

9. Name and Address of Current Registered Agent
REYNOLDS, STEPHEN H ESQ. 111 E. MADISON STREET, SUITE 2300 TAMPA FL 33602

Name	City
Street Address (P.O. Box Number is Not Acceptable)	Zip Code
Suite, Apt. #, etc.	FL

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
ELSBERRY, BRUCE P	6203 N. HIGHWAY 41	RUSKIN FL 33570	
ELSBERRY, TERRY L	6203 N. HIGHWAY 41	RUSKIN FL 33570	
ELSBERRY, ROSS S	6203 N. HIGHWAY 41	RUSKIN FL 33570	

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

Ross S. Elsberry

DATE

30 Dec 98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)