## 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
98 OCT 27 PM 4: 30
SECRETARY OF STATE

			98 001 27	98 UC1 27 FIT 4- 00	
1. Name of Limited Partnership	1a. DOCUMENT # A96000001222		SECRETARY TALLAHASSE	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
BERKSHIRE PARTNERS (1996), LTD.					
Mailing Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.	
1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308	1834 HERMITAGE BLVD. SUITE 201 TALLAHASSEE FL 32308		06/27/1996 3a. Date of Last Report 09/30/1997	\$360,000.00	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State		6. FEI Number 59-3388029	Applied For Not Applicable	
Zip Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
8. Make check payable to: Dept. of State (See reverse side for fee inform  9. Name and Address of Current Registered Agent  10. If changed, new Registered Agent/Office					
MOTTICE, H. JAY  1834 HERMITAGE BLVD.  SUITE 201  TALLAHASSEE FL 32308  TOJAL 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, and accept the obligations of section 520.192, Florida Statutes.  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  11b. City, State 8.2ip Code  11c. Registration/Document Number  P96000054982					
Note: General partners MAY NOT  12. I do hereby certify that the information supplied with the	is filing is voluntarily furnished and does not	qualify for the exempt	****5.  ment must be filed to cha  ion stated in Section 119.07(3)(k), Florida St	inge 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 exampt 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 sampe 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 630. Florida Statutes.					

SIGNATURE\_

Typed or Printed Name of General Panner Signing Form Horag Moffice

\_\_\_\_\_ Daytime Telaphone Numbe (850) 386 2117