## 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#** 

FILELI SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 16 AM 10: 20

Principal Office Address  1600 CAPITAL CIRCLE, S.W.	3. Date Formed or Registered 07/01/1996	5a. Capital Contributions as Shown on record.		
1600 CAPITAL CIRCLE, S.W.		5a. Capital Contributions as Shown on record.		
	07/01/1006	· J		
TALLAHASSEE FL 32310	38. Date of Lest Report 09/23/1997	\$99.00  5b. Amount of Capital Contributions in FLORIDA		
2a. Principal Office Address	4. State or Country of Formation	to date: \$99.00		
Sulte, Apt. #, etc.	6. FEI Number	Applied For Not Applicable		
	7. Certificate of Status Desired	\$8.75 Additional Fee Required		
	8, Make check payable to: Dept. of	State (See reverse side for fee information)		
<del></del>	10. If changed, new Registere	d Agent/Office		
Street	10002643551			
stered agent, or both, in the State of Florida. Such	n change was authorized by its general partner(s). I hereb	by accept the appointment of registered		
A CODDODATION LINE				
S A CORPORATION, LIMIT RE REGISTERED AND AC	EU PARTNERSHIP OR OTHE TIVE WITH THIS OFFICE	K BUSINESS ENTITY		
T	<del></del>	11¢. Registration/ Document Number		
1600 CAPITAL CIRCLE,	TALLAHASSEE FL 32310	P96000054996		
	Suite, Apt. #, etc.  City & State  Zip Countr  egistered Agent Nam  Street Suite  City  20.192, Fioride Statutes, the above-named limited intered agent, or both, in the State of Fiorida. Such in section 620.192, Fiorida Statutes.  SA CORPORATION, LIMIT BE REGISTERED AND AC  11a. (Do NOT Use Post Office Box Number)	Suite, Apt. #, etc.   Street Address (P.O. Box Number is Not Acceptable)		

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 eath. I further certify that I am a General Pertner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

S	IGI	N.	Δ٦	TL I	R	F
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DATE September 9, 1998

Frances Casey Lowe, Vice President of General Partner Devilme Telephone Number 850-575-0189 Typed or Printed Name of General Partner Signing Form