FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

a. DOCUMENT # **A96000001321**

98 DEC 23 PH 2: 26

SECRETARY OF STATE
TAIL AHASSEE FLORIDA

FILED

RICHLAND FOOTHILLS, LTD.		_		
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
4830 WEST KENNEDY BLVD SUITE 740 TAMPA FL 33609	4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609		07/12/1996 3a. Date of Last Report 12/26/1997	\$643,760.00 5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:
			FL	643760
Suite, Apt. #, etc.	Suite, Apt. #, etc.	=	6. FEI Number 59-3389833	Applied For Not Applicable
City & State	City & State	,	7. Certificate of Status Desired	
Zip Country	Zip	Country		Fee Required
	12.772		8. Make check payable to: Dept. of S	State (See reverse side for fee information)
9. Name and Address of Current Registered Agent		10. If changed, new Registered	Agent/Office	
ROSS, SAMUEL K 4830 WEST KENNEDY BLVD., SUITE 740 TAMPA FL 33609		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)	11a. Address of Each General		City, State & Zip Code	11c. Registration/ Document Number
FOOTHILLS PROPERTIES, INC.	4830 WEST KENNEDY BLV		TAMPA FL 33609	J77329
			500002 -01/08, ****5	7357552 79301124025 35.00 ****535.00
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.				