

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 APR 23 PM 3: 52



<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>1. Name of Limited Partnership</b>  LAKEVIEW OF ZEPHYRHILLS, LTD.	<b>1a. DOCUMENT #</b> <b>A96000001378</b>
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<b>Mailing Address</b> 37839 COUNTY ROAD 54 ZEPHYRHILLS FL 33541	<b>Principal Office Address</b> 37839 COUNTY ROAD 54 ZEPHYRHILLS FL 33541	<b>3. Date Formed or Registered</b> 07/24/1996	<b>5a. Capital Contributions as Shown on record</b> \$25,000.00
<b>2. Mailing Address</b>	<b>2a. Principal Office Address</b>	<b>3a. Date of Last Report</b> 05/26/1998	<b>5b. Amount of Capital Contributions in FLORIDA to date</b>
Temple Terrace Village 10000 80th Street Temple Terrace, FL 33617	Suite, Apt. #, etc.  City & State  Zip Country	<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 59-3430489
		<b>7. Certificate of Status Desired</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
		<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b>	<input type="checkbox"/> \$8.75 Additional Fee Required

<b>9. Name and Address of Current Registered Agent</b>  GOSS, JAMES C 37839 COUNTY ROAD 54 ZEPHYRHILLS FL 33541	<b>10. If changed, new Registered Agent/Office</b> Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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**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) *W. Goss* DATE *April 1, 99*

**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
CENTRAL EQUITIES, INC.	37839 COUNTY ROAD 54	ZEPHYRHILLS FL 33541	P96000057619

**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 *W. Goss* DATE *April 1, 99*

Typed or Printed Name of General Partner Signing Form Daytime Telephone Number

CR2E003 (12/98)