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**

FILEU SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 21 AM 11: 33

Name of Limited Partnership		A96000001584				
EDENVIEW LIMITED PARTNERSHIP						
Malling Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
3850 N.E. 23 AVE.		3850 N.E. 23 AVE.		08/23/1996	\$1,000.00	
LIGHTHOUSE POINT FL 33064		LIGHTHOUSE POINT FL 33064		38. Date of Last Report		
				12/17/1997	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address		2a. Principal Office Address		4. State or Country of Formation	to gate.	
Suite, Apt. #, etc.		Sulte, Apt. #, etc.		FL 6. FEI Number		
City & State		City & State		65-0694511	Applied For Not Applicable	
		-		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	Zip Country		8. Make check payable to: Dept. of	8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Age					Agent/Office	
			Name			
LEUSCHNER, HE 3850 N.E. 23 AV		Street Address (P.O. I		ss (P.O. Box Number is Not Acceptable)	Box Number is Not Acceptable)	
LIGHTHOUSE PO		Suite, Apt. #, etc.		etc.		
			Ċity		FL Zip Code	
for the purpose of agent. I am familiate Signature (Registered	of changing its registered office or registered office or register with, and accept the obligations of Agent Accepting Appointment)	istered agent, or both, in the State of Floric section 620.192, Florida Statutes.	la. Such change	ship organized or registered under the laws of the was authorized by its general partner(s). I hereby DATE	State of Florida, submits this statement accept the appointment of registered	
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 Go	oneral Partner(s)	11a. Address of Each General (Do NOT Use Post Office Bo	Partner x Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
SUNSHINE CAP	ITAL, INC.	3850 N.E. 23 AVE.		LIGHTHOUSE POINT FL 3	P96000070323	
				1000021 -09/23/ *****14	4776170 28-20073-000 11.25 ************************************	

lote: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 refesse 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