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

LIMITED PARTNERSHIP ANNUAL REPORT

1999



empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Par

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC 22 AM 8: 44

						-	
1. Name of Limited Partnership	1a. DOCUM <b>A9600000</b>	1a. DOCUMENT # A9600001860					
ATCO GROUP IV, LTD.							
Mailing Address	Principal Office Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
P.O. BOX 422557	DOL W. OAK STREET SHITE TO	931 W. OAK STREET, SUITE 105		10/03/1996			
KISSIMMEE FL 34742-2557				3a. Date of Last Report	\$400,000.00		
				02/05/1998	5b. Amou	nt of Capital	
				4. State or Country of Formation	Contr to dat	nt of Capital butions in FLORIDA e:	
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		FL	400,000		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number		-	
	07. 9 0. 4	City 2 State		59-3402548	Applied For Not Applicable		
City & State	City & State			7. Certificate of Status Desired		\$8.75 Additional	
Zip Country	Zip	Zip Country		R Make check payable to: Dept. of State (See		Fee Required e reverse side for fee Information)	
						· . <u></u>	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
BUIKEMA, KENNETH E		Name					
2425 ROAT DRIVE			Street Address (P.O. Box Number 146) Alder blee 2 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				
ORLANDO FL 32835		Suite, Apt. #, etc. ****526, 25 *****526, 25					
		City	-			Zīp Code	
10a. Pursuant to the provisions of sections 620.1051	and 600 400 Florida Statutan the above no	and limited name	ship orașe	land or maintared under the form of the	FL.	a submits this statema	
10a. Pursuant to the provisions of sections 620.1051 for the purpose of changing its registered office agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of Flo						
SIGNATURE (Registered Agent Accepting Appointment)	T 10 4 000000 47/0N			DATEDATE_	D DUIGH	VEOC ENTE	
A GENERAL PARTNER THA MU	ST BE REGISTERED AN	ND ACTI	VE WIT	TH THIS OFFICE.	K BUSII	NESS ENTIT	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office E	rai Partner Box Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
TOWN LOOP GROUP, INC.	931 W. OAK STREET, S		KIS	SIMMEE FL 34741	P96	000081745	
A							
`•							
Note: General partners MAY NO	T be changed on this for	m; an am	endme	nt must be filed to cha	nge a ge	eneral partne	
12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my	ith Section 119.07(3)(k) in the event that the i	nformation supp	lied is deem	ed exampt from public access. I further	certify that the	information indicated o	