

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC -7 PM 1:44

1. Name of Limited Partnership

1a. DOCUMENT #
A97000000021

THE MICHAEL/DORIS ELLZEY LIMITED PARTNERSHIP



Mailing Address 4216 SE 5TH STREET OCALA FL 34471		Principal Office Address 4216 SE 5TH STREET OCALA FL 34471		3. Date Formed or Registered 12/31/1996	5a. Capital Contributions as Shown on record. \$401,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/05/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$401,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State		City & State		6. FEI Number 59-3423471	
Zip Country		Zip Country		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to: Dept. of State (See reverse side for fee information)					

9. Name and Address of Current Registered Agent PEEK, DAVID H 1301 RIVERPLACE BOULEVARD, SUITE 1609 JACKSONVILLE FL 32207	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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)

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) ELLZEY, DORIS J	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4216 SE 5TH STREET	11b. City, State & Zip Code OCALA FL 34471	11c. Registration/ Document Number 3000002713453--8 -12/15/98--01090--017 ***526.25 ***526.25
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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

Doris J. Ellzey

DATE

12-1-98

Typed or Printed Name of General Partner Signing Form

DORIS J. ELLZEY

Daytime Telephone Number

352 232-3504

CR2E003 (8/98)