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

1. Name of Limited Partnership

DOCUMENT# A97000000127

FILED

98 DEC 31 AM 8: 11

SECRETARY OF STATE TALLAHASSEE, FLORIDA



City & State City & State 7. Certificate of Status Desired 58.75 Addition	EST COVE AT SANFORD FAR	S, LTD.			
235 SOUTH MAITLAND AVENUE SUITE 216 MAITLAND FL 32751 MAITLAND FL 32751 2. Mailling Address 2a. Principal Office Address FL Suite, Apt. #, etc. City & State City & State City & State City & State Description of Status Desired To Country To Countr	ddress P	d Office Address	3. Date Formed or Regi	stered 5a. Capital Contributions as Shown on record.	
2a. Principal Office Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State City & State City & State Country Zip Country Zip Country Zip Country Tourity Applied For Not Applicable 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information of Fee Required Agent) 9. Name and Address of Current Registered Agent Name WALKER, BERRY J JR. 235 MAITLAND AVENUE SOUTH SUITE 216 MAITLAND FL 32751 City FL Zip Code Tourity Site Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code Tourity Tourity Tourity Suite, Apt. #, etc. City FL Zip Code Tourity Touri	216	216	3a. Date of Last Report	\$150,000.00	
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City & State City & State City & State City & State 7. Certificate of Status Desired 8. Make check payable to: Dept. of State (See reverse side for fee information of State (See reverse side for fee informati	Apt. #, etc. St	pt. #, etc.		- 342567 (Applied For	
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9. Name and Address of Current Registered Agent WALKER, BERRY J JR. 235 MAITLAND AVENUE SOUTH SUITE 216 MAITLAND FL 32751 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 state 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 register	Country Zip	Country		Fee Required	
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SUITE 216 MAITLAND FL 32751 City City 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 state 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	WALKER, BERRY J JR. Street Address (P.O. t		ddress (P.O. Box Number Is Not Acceptable	9)	
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A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
14 Normal Address of Each General Partner 14h Chr. Sale 2 To Code 140 Registration/	 	Address of Each General Partner	144h - 6th State 8 To Code		
FOREST COVE AT SANFORD FARMS 235 MAITLAND AVE. SOU MAITLAND FL 32751 P97000001649 5000274719501/20/4901024002	REST COVE AT SANFORD FARMS		MAITLAND FL 32751	<u> </u> [පු	
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 this annual report is true and accurate and that my signature shall have the same legal effects as if made under cath. I further certify that I am a General Partner of the limited partnership, receiver or to empowered to execute this report as required by chapter 620, Florida Statutes. FOREST COVE AT SANFORD FARMS, INC.:	to hereby certify that the information supplied with this filing is prporations from any liability of non-compliance with Section is annual report is true and accurate and that my signature is	ntarily furnished and does not qualify for the ('(3)(k) in the event that the information surve the same legal effects as if made under	ne exemption stated in Section 119.07(3)(k) pplied is deemed exempt from public ecces or cath. I further certify that I am a General I	h, Florida Statutes. I release the Division of ss. I further certify that the information indicated on Partner of the limited partnership, receiver or trustee	
SIGNATURE SIGNATURE PARE 12/30/98	ATURE Som Pres	ant		DATE 12/30/98	
Typed or Printed Name of General Partner Signing Form BERRY J. WALKER, JR., PRES. Daylime Telephone Number 407-644-6535	rinted Name of General Partner Signing Form BER	J. WALKER, JR.	PRES. Daytime Telephone Nur	nber <u>407-644-6535</u>	