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 Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9700000467

FILED

98 OCT 14 PM 1: 18

SECRÉTART UP STATE
TALLAHASSEE, FLORIDA

PALMER RANCH ASSOCIATES, LTD. GG-RR							
Mailing Address 359 CAROLINA AVENUE WINTER PARK FL 32789	Principal Office Address 359 CAROLINA AVENUE WINTER PARK FL 32789			3. Date Formed or Registered 02/24/1997 3a. Date of Last Report	5a. Capital Contributions as Shown on record.		
2. Mailing Address	2a. Principal Office Address			09/12/1997 4. State or Country of Formation	5b. Amo Cont to da	unt of Capital ributions in FLORIDA te:	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			FL 6. FEI Number 59-3430 AP-PLIED FOR	184	Applied For Not Applicable	
City & State Zip Country	City & State Zip Country		L	7. Certificate of Status Desired	ate of Status Desired \$8.75 Additional Fee Required		
9 Name and Address of Current Registered Agent				Make check payable to: Dept. of State (See reverse side for fee information) 10. If changed, new Registered Agent/Office			
DOWNING, GRANT T 222 WEST COMSTOCK AVE., SUITE 101 WINTER PARK FL 32789		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
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)	11a. Address of Each General	Partner x Numbers)	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
EPI-PALMER RANCH, INC.	359 CAROLINA AVENUE		WINTER PARK FL 32789		P97000017277		
				9000026i -10/20/9 ****141	\$ 75 8010 1.25	89——3 109013 ****141.25	
· · · · · · · · · · · · · · · · · · ·							
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							

Daytime Telephone Number