

**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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 JAN 28 AM 9:50

1. Name of Limited Partnership		1a. DOCUMENT # <b>A97000001139</b>	
3520 TRYON MORTGAGE HOLDINGS LTD.			
Mailing Address	Principal Office Address		
1773 WILTSHIRE VILLAGE DRIVE WELLINGTON FL 33414	1773 WILTSHIRE VILLAGE DRIVE WELLINGTON FL 33414		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt #, etc.	Suite, Apt #, etc.		
City & State	City & State		
Zip Country	Zip Country		



3. Date Formed or Registered <b>05/21/1997</b>	5a. Capital Contributions as Shown on record <b>\$220,000.00</b>
3a. Date of Last Report <b>02/19/1998</b>	5b. Amount of Capital Contributions in FLORIDA to date <b>220,000</b>
4. State or Country of Formation <b>FL</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FEI Number <b>65-0755780</b>	<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
7. Certificate of Status Desired	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. If changed, new Registered Agent Office Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ Suite, Apt #, etc. _____ City _____ Zip Code <b>FL</b>
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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) <b>3520 TRYON MORTGAGE LLC</b>  <i>Changed GP by Amendment filed 1/28/99</i>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <b>700 SOUTH OCEAN BLVD</b>	11b. City, State & Zip Code <b>BOCA RATON FL 33432</b>	11c. Registration Document Number <b>M9700000284</b>
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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 *MICHAEL STEKRY* - for 3520 TRYON MORTGAGE LLC DATE **1/18/98**  
Typed or Printed Name of General Partner Signing Form: **MICHAEL STEKRY - MM** Daytime Telephone Number: **414-743-1743**

CR2E003 (8/98)