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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



OCOEE PROPERTIES LIMITED PARTNERSHIP

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 # A9700001539

FILED LAU/4

98 NOV -4 PH 2: 25

SECRETARY OF STATE TALLAHASSEE FLORIDA



Suite, Apt. #, etc. Suite, Apt. #, etc. 6. FEI Number Applied For Suite 202 Suite 202 38-3354172 Not Applicable						
BLOOMFIELD HILLS MI 48302 2. Mailing Address 2. Mailing Address 3. Date of Last Report 10/27/1997 4. State or Country of Formation FL Suite, Apt. 8, abc. Suite 202	Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
2. Mailing Address 2. Suite 202 2. Suite 3. Suite Address 4. Suite Address 5. Amount of Capital Continue Status Desired 5. FEI Number 5. Suite Address 5. Suite 202 2. Suite Address 3. Suite Address 5. Mailes check payable to: Dack of Suite (See reverse side for fee information) 5. Suite Address of Current Registered Agent To Suite (See reverse side for fee information) 5. Suite Address of Current Registered Agent Control 5. Suite Address of Current Registered 5. Suite Address of Current Registered 5. Suite 202 5. Suite Address of Current Registered 5. Suite Addr	1145 WEST LONG LAKE ROAD. SUITE 201	1145 WEST LONG LAKE F			\$100.00	
2. Mulling Address	BLOOMFIELD HILLS MI 48302	BLOOMFIELD HILLS MI 48				
2. Mailing Address 1.133 West Long Lake Road 1.134 West Long Lake Road 1.135 West Long Lake Road 1.136 West Long Lake Road 1.137 West Long Lake Road 1.138 West Long Lake Road 1.139 West Long Lake Road 1.139 West Long Lake Road 1.139 West Long Lake Road 1.130 West Long Lake Road 1.131 West Long Lake Road 1.131 West Long Lake Road 1.131 West Long Lake Road 1.132 West Long Lake Road 1.133 West Long Lake Rd 1.134 West Long Lake Rd 1.135 West Long Lake Rd 1.135 West Long Lake Rd 1.136 West Long Lake Rd 1.137 West Long Lake Rd 1.138 West Long Lak					5b. Amount of Capital Contributions in FLORIDA	
Stutis April Apr	2 Mailing Address	2a. Principal Office Addr	929	4. State or Country of Formation	to date:	
Suite 202 City & State Country Zip Country Zip Country Zip Country Zip Country Zip Gourney Zip Gourney Zip Gourney Zip Gourney Zip Gourney Zip A8302 USA Registered Agent 10. If changed, new Registered AgentOffice Street Address (P.C. Box Number is Not Acceptable) Fi. LAUDERDALE FL 33301 100 N.E. THIRD AVENUE, SUITE 1100 FT. LAUDERDALE FL 33301 City FL Zip Code City FL Zip Code Zip Code Zip Code Zip Code Zip Code Street Address (P.C. Box Number is Not Acceptable) FL Zip Code Zip Code Zip Code Street Address (P.C. Box Number is Not Acceptable) To the purpose of temping its negitated accept the designation of section 620, 192, Pichtide Statutes, the above-named limited partnership organized or registered under the laws of the State of Fordida, Such change was auditorized by its general partner(p.) I hereby accept the appointment of registered and accept the designation of section 620, 192, Pichtide Statutes, the above named in the form of the State of Fordida, Such change was auditorized by its general partner(p.) I hereby accept the appointment of registered and entire the laws of the State of Fordida, Such change was auditorized by its general partner(p.	1133 West Long Lake Road				\$100.00	
State 202 City & State Bloomfield Hills, MI Bloomfi			···	6. FEI Number	Applied For	
State Stat				38-3354172		
### 10. If changed, new Registered Agent/Office Serest Address of Current Registered Agent	Bloomfield Hills, MI		ls, MI	7. Certificate of Status Desired	\$8.75 Additional	
9, Name and Address of Current Registered Agent 10, If changed, new Registered Agent/Office EMO CORPORATE SERVICES, INC. 100 N.E. THIRD AVENUE, SUITE 1100 FT. LAUDERDALE FL 33301 Suite, Apt. #, etc. City FL Zip Code City FL Zip Code To the purpose of changing its registered diffice 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, and familiar with, and accept the obligations of section 620,192, Florida Statules. SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND A CTIVE WITH THIS OFFICE. 11. Name(s) of General Pertner(s) 113. West Long Lake Rd. Suite 202 Signature Registered Agent Accepting Appointment) 115. City, State & Zip Code 116. Registeral Number P97000060656	Zip Country			B. Mater about anythin to Dont of 6	Fee Required	
EMO CORPORATE SERVICES, INC. 100 N.E. THIRD AVENUE, SUITE 1100 FT. LAUDERDALE FL 33301 Suite, Apt. #, atc. City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 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, and familiar with, and accept the obligations of section 620.192, Florida Statutes. 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 (in) NOT Use Post Office Box Numbers) 11b. City, State & Zip Code 11c. Registration' Document Number COCIED DEVELOPMENT, INC. 1133 West Long Lake Rd Suite 202 DDDDDDES 1340—2 -11/057/9801083015 ******141.25	48302 USA	48302	USA	8. Make check payable to: Dept. or a	state (See reverse side for led insortiation)	
EMO CORPORATE SERVICES, INC. 100 N.E. THIRD AVENUE, SUITE 1100 FT. LAUDERDALE FL 33301 Suite, Apt. #, etc. City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code 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, and familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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 (ID) (ID) (ID) (ID) (ID) (ID) (ID) (ID)	9. Name and Address of C	urrent Registered Agent		10. If changed, new Registered	Agent/Office	
Street Address (P.C. Hox Number is Not Acceptable) FI. LAUDERDALE FL 33301 Suite, Apt. #, etc. City FL Zip Code Total 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, and accept the obligations of section 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, 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. (no NOT Use Post Office Box Numbers) OCOSE DEVELOPMENT, INC. 1133 West Long Lake Rd. BLOOMFIELD HILLS MI 48302 P97000060656			Name			
Sulte, Apt. #, etc. City FL Zip Code Total Tot	100 N.E. THIRD AVENUE, SUITE 1100					
City City FL Zip Code To 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, am familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (po NOT Use Post Office Box Numbers) OCOSE DEVELOPMENT, INC. 1133 West Long Lake Rd Suite 202 BLOOMFIELD HILLS MI 48302 P97000060656						
To the provisions of sections 620.1951 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, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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. (Do NOT Use Post Office Box Numbers) OCOSE DEVELOPMENT, INC. 1133 West Long Lake Rd Suite 202 BLOOMFIELD HILLS MI 48302 P97000060656						
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11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration / Document Number 1133 West Long Lake Rd BLOOMFIELD HILLS MI 48302 P97000060656 Suite 202 P97000060656 Suite 202 P97000060656 P9700060656 P						
OCOEE DEVELOPMENT, INC. 1133 West Long Lake Rd Suite 202 1134 Decomment Number P97000060656 1135 West Long Lake Rd Suite 202 110. City, State & 210 Code 110. Decomment Number 110. Decomment	A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.					
Suite 202 ODDOD25813402 -11/05/3801068016 *****141.25	11. Name(s) of General Partner(s)	11a. (Do NOT Use Post C	General Partner Office Box Numbers) 1	1b. City, State & Zip Code		
****141.25	OCOEE DEVELOPMENT, INC.	_	ng Lake Rd.	BLOOMFIELD HILLS MI 48302	P9700060656	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.						
	Note: General partners MAY N	OT be changed on this	form; an amend	Iment must be filed to cha	inge 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 em a General Partner of the limited partnership, receiver or trustee