## 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#** A9700001719

## FILED 98 SEP 29 PM 1: 20

SECRETARY OF STATE

WORTHWHILE DEVELOPMENT III, LTD.			I ALLAHASSEC, FUORIDA		
Mailing Address	Principal Office Address	<del></del>	3. Date Formed or Registered	5a. Capita	al Contributions as
700 RIVERBEND BLVD. LONGWOOD FL 32779	700 RIVERBEND BLVD. LONGWOOD FL 32779		08/06/1997 3a. Date of Last Report 12/15/1997	\$9.90  5b. Amount of Capital	
	]		4. State or Country of Formation	Contri to det	bulions in FLORIDA
2. Mailing Address 2949 W SR 434	2a. Principal Office Address 2949 W SR 434		FL	9.90	
Sulte, Apt. #, etc. Suite 400 City & State	Suite, Apt #, etc. Suite 400 City & State		6, FEI Number 59-3464682	Applied For Not Applicable	
Longwood, FL Zip Country	Longwood, FL Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
32779 Country	32779 Countr	У	8. Make check payable to: Dept. of	State (See reve	<del></del>
9. Name and Address of Current R			10. If changed, new Registered		
ROYALL, H J JR. 700 RIVERBEND BLVD. LONGWOOD FL 32779  10a. Pursuant to the provisions of sections 620.1051 and 6	20 Suite Si	ot Address (P.O. Bo 949 W SR of Apt. #, etc. uite 400 Ongwood	ox Number is Not Acceptable) 434	FL	Ζip Code 32779
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	section 620.192, Florida Statutes.	parinership organ change was auth	orized by its general periner(s). I hereb	State of Florid y accept the ap	e, submits this statement pointment of registered
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)	stered agent, or both, in the State of Florida. Such section 620.192, Florida Statutes.  S A CORPORATION, LIMIT BE REGISTERED AND AC	parinership organ change was auth TED PART CTIVE WIT	orized by its general periner(s). I hereb	State of Florid y accept the ap	e, submits this statement pointment of registered
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS MUST	stered agent, or both, in the State of Florida. Such section 620.192, Florida Statutes.  S A CORPORATION, LIMIT	parinership organ change was auth	orized by its general periner(s). I hereb	State of Florid y accept the ap	e, submits this statement pointment of registered
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT II  MUST	stered agent, or both, in the State of Floride. Such section 620.192, Florida Statutes.  S A CORPORATION, LIMIT BE REGISTERED AND AC	parinership organ change was auth TED PART TIVE WIT (ers) 11b.	DATE TNERSHIP OR OTHE THIS OFFICE. City, State & Zip Code  NGWOOD FL 32779	R BUSII  11c.  P97	e, submits this statement pointment of registered  NESS ENTITY  Registration/ Document Number
for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT I:  MUST  11. Name(s) of General Partner(s)	S A CORPORATION, LIMIT BE REGISTERED AND AC  Address of Each General Partner (Do NOT Use Post Office Box Numb)  =700 FIVERBEND BLVD  2949 W SR 434	parinership organ change was auth TED PART TIVE WIT (ers) 11b.	DATE TNERSHIP OR OTHE TH THIS OFFICE.  City, State & Zip Code  NGWOOD FL 32779  1111111111111111111111111111111111	R BUSII  11c.  P97	Registration/ Document Number

this annual report is true and accurate and that my signature shall have the same legal attacks. ets as if made under eath. 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 \_\_\_\_

Typed or Printed Name of General Partner Signing Form

Jay Royall, President

Daytime Telephone Number

(407) 174-0303