LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPAR Sandra B. Secretary DIVISION OF C	of State	FIL 51 SECRETARY (DIVISION OF COP 98 DEC 28 F	
1. Name of Limited Partnership	^{1a.} DOCUM A97000001	^{1a.} DOCUMENT # A97000001735		
BUTLEY DEVELOPMENT, LIMI	TED PARTNERSHIP			
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
453 SOUTH WEBB ROAD. SUITE 500	2440 South Federal Highway, Suite M Stewart Fl 34994		08/11/1997	\$40,000.00
WICHITA KS 67207			3a. Date of Last Report 12/22/1997	
				5b. Amount of Capital Contributions In FLORIDA to date:
2. Mailing Address 450 N. SUNNISLOPE RD.	2a. Principal Office Address		4. State or Country of Formation	400,000
Stille, Apt. #, etc. 300	Suite, Apt. #, etc.		6. FEI Number	
City & State	City & State		- 65-0772031	Not Applicable
BROOKFIELD WI Zip Country		Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
53005			8. Make check payable to: Dept. of S	State (See reverse side for fee information)
9. Name and Address of Current	Registered Agent		10. If changed, new Registered	Agent/Office
CT-CORPORATION SYSTEM		Name		526.25
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Street Address (P.O. Box Number Is Not Acceptable)		
		Suite, Apt. #, etc.		
		City		Zip Code
		1		FL FL
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or re agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment)	of section 620.192, Florida Statutes.		DATE_	FL State of Florida, submits this statement accept the appoint next of oppisioned
agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	of section 620.192, Florida Statutes.	IMITED PAR		FL State of Florida, submits this statement accept the appoint next of oppisioned
agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	of section 620.192, Florida Statutes.	IMITED PAR D ACTIVE WI		FL State of Florida, submits this datement accept the appoint of the statement R BUSINESS ENTITY 11c. Registration/ Document Number
agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST	IS A CORPORATION, L BE REGISTERED AN	IMITED PAR D ACTIVE WI Partner x Numbers) 11b.	TNERSHIP OR OTHE TH THIS OFFICE.	FL State of Florida, submits this datement accept the appoint of the statement R BUSINESS ENTITY 11c. Registration/ Document Number
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agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST 11. Name(c) of General Partner(s) COVENTRY CORPORATION OF THE	IS A CORPORATION, L BE REGISTERED ANI Address of Each General 11a. (Do NOT Use Post Office Bo 453 SOUTH WEBBROAD, be changed on this form s filing is voluntarily furnished and does not section 119.07(3)(k) in the event that the infa ature shall have the same legal effects as if	IMITED PAR D ACTIVE WI Partner x Numbers) 11b. S Wi P = = = = = = = = = = = = = = = = = = =	DATE_ TNERSHIP OR OTHE TH THIS OF FICE. City, State & Zip Code CHITA KS 67207 400002 -01/07 ***22 ent must be filed to cha stated in Section 119.07(3)(k), Florida Sta ned exempt from public access. I further	FL State of Florida, submits this statement accept the appoint of the further set R BUSINESS ENTITY 11c. Registration/ Document Number F97000001188 92904-015 85.00 ****535.00 nge a general partner. atutes. I release the Division of partity that the information indicated on
agent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT MUST 11. Name(s) of General Partner(s) COVENTRY CORPORATION OF THE Note: General partners MAY NOT 12. I do hereby certify that the information supplied with thi Corporations from any liability of non-compliance with s this annual report is true and accurate and that my sign	IS A CORPORATION, L BE REGISTERED ANI Address of Each General 11a. (Do NOT Use Post Office Bo 453 SOUTH WEBBROAD, be changed on this form s filing is voluntarily furnished and does not section 119.07(3)(k) in the event that the infa ature shall have the same legal effects as if	IMITED PAR D ACTIVE WI Partner x Numbers) 11b. S Wi P = = = = = = = = = = = = = = = = = = =	DATE_ TNERSHIP OR OTHE TH THIS OF FICE. City, State & Zip Code CHITA KS 67207 400002 -01/07 ***22 ent must be filed to cha stated in Section 119.07(3)(k), Florida Sta ned exempt from public access. I further	FL State of Florida, submits this determent accept the appointment of adjustered R BUSINESS ENTITY 11c. Registration/ Document Number F97000001188 \$3290.4 2 /9901012015 3 85.00 *****535.00 nge a general partner. atutes. I release the Division of partner.

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