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

SIGNATURE

Typed or Printed Name of General Partner Signing Form

A97000001809

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 AM 10: 34

(407) 645-5550

Daytime Telephone Number

VILLAS INVESTORS PARTNERSHIP, LTD.					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1270 ORANGE AVENUE, STE. C WINTER PARK FL 32789 1270 ORANGE AVENUE, STE. C WINTER PARK FL 32789 WINTER PARK FL 32789			08/21/1997 3a. Date of Last Report	\$1,150,000.00	
			04/13/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3463610	Applied For Not Applicable	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8. Make check payable to: Dept. of S	tate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent		<u> </u>	10. If changed, new Registered Agent/Office		
JOHNSON, LORAN A ESQUIRE 215 NORTH EOLA DRIVE ORLANDO FL 32801		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City	FL / J		
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 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 DA					
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 Genera	Partner x Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
ARDEN DEVELOPMENT CORP.	1270 ORANGE AVENUE, S		INTER PARK FL 32789	P97000072241	
			1000027 12/14/9 ****52	109510 801008023 6.25 ****526.25	
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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. Vi Ita's True and Corp., General Partner By: James T. Bell, President					
SIGNATURE By: James T. Bell, President 12/3/98					

JAMES

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