## 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

1a. DOCUMENT # A97000002107 FALLO SECRETARY OF STATE DIVISION OF CORPORATIONS

98 OCT -9 PM12: 20

	1010000E101			
MELODY LANE PARTNERS,	LTD.			
Malling Address	Principal Office Address	Principal Office Address		5a. Capital Contributions as Shown on record.
125 S. SWOOPE AVENUE. SUITE 103	125 S. SWOOPE AVENUE, SUITE 103 MAITLAND FL 32751		09/26/1997	\$30,000.00
MAITLAND FL 327\$1			3a. Date of Last Report	
			03/04/1998  4. State or Country of Formation	5b. Amount of Capital Contributions in F£ORIDA to deta:
2. Mailing Address	2a. Principal Office Address	2a. Principal Office Address		•
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		Applied For
City & State	City & State	City & State		Not Applicable
Zip Country	Žip	Zip Country		\$8.75 Additional Fee Required
			8, Make check payable to: Dept. of	State (See reverse side for fee information
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
SCHIEFERDECKER, HOWARD A 125 S. SWOOPE AVENUE, SUITE 103 MAITLAND FL 32751		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		-10/13/		3/98- <b>-01</b> 066014
		City		198, <b>75.</b> ************************************
for the purpose of changing its registered office agent. I am familiar with, and accept the obligation of the control of the c	<b>}_</b>	ide. Such change was	authorized by its general partner(s). I hereb	y accept the <b>a</b> ppointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office B	al Partner ox Numbers) 11	City, State & Zip Code	11c. Registration/ Document Number
SQP INVESTMENTS, INC.	125 S. SWOOPE AVENU		MAITLAND FL 32751	L28451
SOS REALTY CORP.	125 S. SWOOPE AVENU	E,	MAITLAND FL 32751	L79712
				0405
Note: General partners MAY No. 12. I do hereby certify that the information supplied w				

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 perinership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

The large General Partner of the limited perinership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

The large General Partner of the limited perinership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.

Howard A. Schieferdecher Davime Telephone Number 407-645-2275