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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



HOGSHEAD INVESTMENT PARTNERSHIP, LTD.

FLORIDA DEPARTMENT OF STATE

Såndra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT# A97000002858



98 NOV 20 AM 10: 14

SECRETARY OF STATE TALLAHASSEE FLORIDA



Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. BOX 871	2426 RIVERTREE CIRCLE		12/26/1997	\$3,050,000.00	
PLYMOUTH FL 32768	SANFORD FL 32771		3a. Date of Last Report	40,000,000.00	
			02/02/1998	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	to date:	
Z. Walling Address			. FL	\$3.050,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3490052 Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country		<u> </u>	Fee Required	
	8. Make ched		8. Make check payable to: Dept. of S	tate (See reverse side for fee information)	
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office					
	Name				
HOGSHEAD, RODNEY C III	Street Address (P.O. E		ox Number Is Not Acceptable)		
2426 RIVERTREE CIRCLE	·		800002698588 A		
SANFORD FL 32771	Suite, Apt. #, etc.		-12/01/9801084005		
	City		****526.25 z\$**\$*526.25		
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 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. I 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. Address of Each General (Do NOT Use Post Office Box		City, State & Zlp Code	11c. Registration/ Document Number	
GEORGIANA HOGSHEAD, TRUSTEE	3210 FAIRWAY LANE	ORI	ANDO FL 32804	CRZE003 (8/98)	
HOGSHEAD, RODNEY C III	3210 FAIRWAY LANE	ORL	ANDO FL 32804		
GIOVANNELLI, DOROTHY ANN	6464 S.W. 21ST COURT	ROAD OCA	ALA FL 34474	ō	
MOQRE, MARY JO	2001 IVANHOE ROAD	ORL	ANDO FL 32804		
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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 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 Satutes.					
SIGNATURE DATE DATE					
Typed or Printed Name of General Partner Signing Form					