## EU E AN AD DECADE DECEMBED 24 4000 AD LIMITED DADTNEDQUID

WILL BE SUBJECT TO REVOCA				
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 22 PM 3: 45	
1. Name of Limited Partnership	1a. DOCUMENT # <b>A9800000071</b>		SECULARIASSEL, FLORIDA	
BALLANTRAE IV, LTD.				
Malting Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as
-	CONT. O.F. DALLANTIDAE CILVID		01/08/1998	Shown on record
3325 S.E. BALLANTRAE BLVD. PORT ST. LUCIE FL 34952	32SS S.E. BALLANTRAE BLVD. PORT ST. LUCIE FL 34952		3a. Date of Last Report	\$100.00
		ļ		5h Amount of Conitot
			4. State or Country of Formation	5b. Amount of Capitat Contributions in FLORIDA to date
2. Mailing Address	2a. Principal Office Address		-	100
1767 Sentry Parkway West Suite, Apt. #, etc.	3228-5 S.W.Martin Downs Blvd. Suite, Apt #, etc.		FL 6. FEI Number	
Suite 200			65-0812189	Applied For  Not Applicable
City & State Blue Bell, PA	City & State Palm City, FL		7. Certificate of Status Desired	\$8.75 Additional
Zip Country		Zip Country		Fee Required  State (See reverse side for fee information)
19422	34990		6, make check payable to Depirors	state (See reverse side for fee anomation)
9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office				
HANSEN, E F III S255 S.E. BALLANTRAE BLVD.		E. F. Hansen, Jr.  Street Address (P.O. Box Number is Not Acceptable)  28 St. Thomas Drive		
<u> </u>		Suite, Apt #, etc	, Thomas Dilve	
		Palm ]	Reach Gardens	FL 33404
10a. Pursuant to the provisions of sections,620.1051 and 6; for the purpose of changing its registered office or regisegent. I am familiar with and accept the obligations of	stered agent, or both, in the State of Florid	limited partnership organ a. Such change was autho	ized or registered under the laws of the orized by its general partner(s). I hereb	y accept the appointment of registered
SIGNATURE (Registered Abenit Accepted Absolution of 11/24/98				
A GENERAL PARTNER THAT/S 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	Partner 11b.	City, State & Zip Code	11c. Registration/ Document Number
COMMONWEALTH INVESTORS, INC.	1767 SENTRY PARKWAY W BLU		JE BELL PA 19422	P97000106611
14 <b>3</b> 1	50112 200		****** <u>*</u>	786098- S /9801077017 52 50 *****\$2.50 796098- S /9801077018
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 1 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 1 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 exemption as equired by chapter 620. Florida Statutes

SIGNATURE

Typed or Printed Name of General Partner Signing Form \_ \_\_\_

(Guely), For the General Partner DATE 11/24/98

E. F. Hansen, Jr. Daytime Telephone Number (215) 283-2700