

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

STATE OF FLORIDA
DIVISION OF CORPORATIONS
99 MAR -9 PM 3:00



1. Name of Limited Partnership
1a. DOCUMENT #
A98000000142

PAIGNTON SOUTH LIMITED PARTNERSHIP

Mailing Address 1633 PERIWINKLE WAY SANIBEL FL 33957	Principal Office Address 1633 PERIWINKLE WAY SANIBEL FL 33957
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 01/12/1998	5a. Capital Contributions as Shown on record \$240,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date:
4. State or Country of Formation FL	6. FEI Number 65-0802388
7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
8. Maturity Fee payable to Dept. of State (See reverse side for fee information) \$526.25	<input type="checkbox"/> \$8.75 Additional Fee Required

9. Name and Address of Current Registered Agent

MURTY, TIMOTHY J
1633 PERIWINKLE WAY
SANIBEL FL 33957

10. If changed, new Registered Agent/Office

Name _____
Street Address (P.O. Box Number Is Not Acceptable) _____
Suite, Apt. #, etc. _____
City _____
FL Zip Code _____

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) _____ DATE _____

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) RADCLIFF, ROBERTA L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1633 PERIWINKLE WAY	11b. City, State & Zip Code SANIBEL FL 33957	11c. Registration/Document Number 200002500157-015 -03/16/99--01097-015 ***\$26.25 ***\$26.25
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3/6/99
3/9/99

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.

SIGNATURE *Roberta L. Radcliff* DATE **3/6/99**
ROBERTA L. RADCLIFF Daytime Telephone Number **(717) 236-9318**

CR2E003 (12/98)