

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 P.A.D. EQUITIES, LTD.		1a. DOCUMENT # A98000000151	
Mailing Address Principal Office Address 535 Park Avenue N. 2nd Floor Winter Park, FL 32789		3. Date Formed or Registered 01/13/98	5a. Capital Contributions as Shown in Record \$50.00
2. Mailing Address P. O. Box 1508		3a. Date of Last Report 01/13/98	5b. Amount of Capital Contributions in FLORIDA to date \$50.00
Suite, Apt. #, etc.		4. State or Country of Formation Florida	
City & State Winter Park, FL		6. FEI Number 59-3486265	☐ Applied For ☒ Not Applicable
Zip 32790		7. Certificate of Status Desired ☐ \$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 B&C Corporate Services of Central Florida 390 North Orange Avenue Orlando, FL 32801		10. If changed, new Registered Agent/Office Name Warren E. Williams Street Address (P.O. Box Number is Not Acceptable) 28 West Central Boulevard Suite, Apt. #, etc. City Orlando FL Zip Code 32801	
10a. Pursuant to the provisions of sections 620.1051 and 620.102, 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 620.102, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE 12/21/98			
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) Woodbury Equities, Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 535 Park Avenue N.	11b. City, State & Zip Code Winter Park, FL 32789	11c. Registration/ Document Number P98000004480
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 _____ Typed or Printed Name of General Partner Signing Form UDO GRUBB		DATE 12/21/98 Daytime Telephone Number 407-629-9082	