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

LIMITED PARTNERSHIP ANNUAL REPORT 1999



empowered to execute this report as required by chapter 620, Florida Statutes.

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # A9800000219

FILED

98 DEC 31 PM 2: 33

•	A9800000219				TALLAHASSEE, FLORIDA		
GARDEN GROVES, LTD.							
Mailing Address		Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.	
450 CHALLENGER RD		450 CHALLENGER RD			01/23/1998	\$1,000.00	
CAPE CANAVERAL FL 32920		CAPE CANAVERAL FL 32920			3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address		2a. Principal Office Address			4. State or Country of Formation	to date:	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	tate City & State		•			Not Applicable	
Zip Country		Zip Country			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			10. If changed, new Registered Agent/Office				
MODULI DO MODULINE			Name				
MCPHILLPS, JACQUELINE			Street Address (P.O. Box Number is Not Acceptable)				
450 CHALLENGER RD CAPE CANAVERAL FL 32920		Sulfe, Apt. #, etc. 800027471681					
CAPE CANAVERAL PL 32920			Suine, Apr. #, etc01/20/9901020014 City *****141.25 ************************************				
agent. I am familiar with, and accept th	ed office or regist cobligations of s	ered agent, or both, in the State of Florid	d limited partni da. Such chang	ership orgar ge was auth	orized by its general partner(s). I hereby	State of Fiorida, submits this statement accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY				
A GENERAL PARTNER	MUSTE	SE REGISTERED AN	D ACTIV	/E WI	TH THIS OFFICE.		
11. Name(s) of General Partner(s)		Address of Each General Partner (Do NOT Use Post Office Box Numbers)		11b.	City, State & Zip Code	11c. Registration/ Document Number	
HERITAGE GARDEN GROVES, LA	NC. Đ:	450 CHALLENGER RD		CAPE CANAVERAL FL 329		P98000006385	
ſ							
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 sur Corporations from any liability of non-com this annual report is true and accurate an	pliance with Sect	ion 119.07(3)(k) in the event that the inf	ormation suppl	led is deem	ed exempt from public access. I further	certify that the information indicated on	

Daytime Telephone Number