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

DOCUMENT#

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 16 PM 3: 53

A9800000	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	_		
LTD.				
Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
1500 CASEY KEY ROAD	1500 CASEY KEY BOAD			
SEY KEY ROAD 1500 CASEY KEY ROAD B FL 34275 NOKOMIS FL 34275		3a. Date of Last Report	\$960,300.00	
			5b. Amount of Capital Contributions in Ft ORIDA	
28. Principal Office Address		4. State or Country of Formation	to da te:	
Bat 1 (mopal ombo / toolog		FL		
Sulte, Apt. #, etc.	Sulte, Apt. #, etc.		Applied For	
City & State			☐ Not Applicable	
Zip	Country	7	\$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of	State (See reverse side for fee information	
Current Registered Agent		10. If changed, new Registere	d Agent/Office	
	Name			
	Street Address (P.O.	Box Number Is Not Acceptable)	<u></u>	
Suite, Apt. #, etc.		***		
	Sume, Apr. #, arc.			
	City		FL Zip Code	
051 and 620.192, Florida Statutes, the above-nam fice or registered agent, or both, in the State of Flo igations of section 620.192, Florida Statutes.	City ned limited partnership organida. Such change was an	uthorized by its general partner(s). I hereby the partner of the p	e State of Florida, submits this statement by accept the appointment of registered	
ice or registered agent, or both, in the State of Flo getions of section 620.192, Florida Statutes. HAT IS A CORPORATION, IUST BE REGISTERED AN	City ned limited partnership orgonida. Such change was active to the control of	DATE THE THIS OFFICE.	e State of Florida, submits this statement by accept the appointment of registered ER BUSINESS ENTITY	
fice or registered agent, or both, in the State of Flo getions of section 620.192, Florida Statutes. INT. AT IS A CORPORATION, IUST BE REGISTERED AN	City ned limited partnership orgonida. Such change was active to the control of	DATE THE THIS OFFICE.	e State of Florida, submits this statement by accept the appointment of registered	
ice or registered agent, or both, in the State of Flo getions of section 620.192, Florida Statutes. HAT IS A CORPORATION, IUST BE REGISTERED AN	City Ted limited partnership organida. Such change was an active to the control of the control	DATE THE THIS OFFICE.	e State of Florida, submits this statement by accept the appointment of registered ER BUSINESS ENTITY	
	Principal Office Address 1500 CASEY KEY ROAD NOKOMIS FL 34275 2a. Principal Office Address Sulte, Apt. #, etc.	Principal Office Address 1500 CASEY KEY ROAD NOKOMIS FL 34275 2a. Principal Office Address Sulte, Apt. #, etc. City & State Zip Country Current Registered Agent Name Street Address (P.O.	Principal Office Address 1500 CASEY KEY ROAD NOKOMIS FL 34275 28. Principal Office Address Suite, Apt. #, etc. City & State Zip Country Country 3. Date Formed or Registered 02/04/1998 38. Date of Last Report 4. State or Country of Formation FL 6. FEI Number 7. Certificate of Status Desired 8. Make check payable to: Dept. of Status Desired Name Street Address (P.O. Box Number Is Not Acceptable)	

12. I do hereby certify that the information supplied with this filling 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-considerace 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 he gly algorithms 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 parcel as the control of the control of the limited partnership, receiver or trustee empowered to execute this parcel as the control of the limited partnership, receiver or trustee. empowered to execute this percent

SIGNATURE A

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number,