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

1a. DOCUMENT # A9800000434

NNN/1031 NO. 1 LIMITED PARTNERSHIP

FILED

98 OCT 29 AMII: 06

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Shown on record. \$100.00 Shown on record. \$100.00 \$10								
PALM CITY FL 34890 PALM CITY FL 34890 PALM CITY FL 34890 A. State or Country of Pormation FL Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Gry & State City & State	Mailing Address Principal Office Address				3. Date Formed or Registered	5a. Capital Contributions as Shown on record,		
2. Mailing Address 3. Suite, Apt. 4, etc. 5. Country 2. Country 3. Suite of Country 3. Suite of Country 4. Suite of Country 4. Suite of Country 5. Post Suite 6. Fell Number 65—081951.1 7. Certificate of Spans Destrod 8. Maint price of Spans Destrod 8. Maint pr	3501 S.W. COR	II S.W. CORPORATE PARKWAY 3501 S.W. CORPORATE PARKWAY			\$100.00			
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City & State Country Coun	Suite, Apt. #, e	etc.	Suite, Apt. #, etc.			<u></u>		
To Country Zip Zip Zip Zip Zip Zip Zip Zi					65-0819511			
Residence Registered Agent Registered Registered Agent Regis	City & State		City & State				\dashv	
9. Name and Address of Current Registered Agent PETER D. CUMMINOS & ASSOCIATES, INC. 3501 S.W. CORPORATE PARKWAY PALM CITY FL 34990 Sulla, Apt. #, etc. City FL Zip Code The purpose of changing its registered office or registered gent, or body, in the State of Florida, Such change was suthorized by its general partner(s), I hereby accept the epipatriment of registered agent. In familiar with, and accept the obligations of sections (20,105) and 620,192, Florida Statutes, the above-named limited partner/thip organized or registered under the laws of the State of Florida, submiss this statement for the purpose of changing its registered office or registered agent, or body, in the State of Florida, Such change was suthorized by its general partner(s), I hereby accept the appointment of registered agent. Accepting Appointment) 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) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration/ Decument Number NNN/1031 GP, INC. 3501 S.W. CORPORATE P PALM CITY FL 34990 F98000002126 PALM CITY FL 34990 F98000002126 PALM CITY FL 34990 F98000002126 CCT 3 0 1398A. Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner. 12. 1do hereby certify that the information supplied with his filling is voluntarity furnished and does not qualify for the examplion stated in Section 119.07(3)(s), Furida Statutes. I robase the Division of Corporations from any liability of non-compliance with Section 119.07(3)(s) in the event that the information supplied is deemed exempt from public access. I further Certify that the information in clicated on this annual price is two and acceptance and that or it gloridar shall the with being the same legal effects as if made under cath. I further certify that I am a General Partner the third the initide partner cathed the order is the same legal	Zip	Country	Zip	Country		Fee Required		
PETER D. CUMMINGS & ASSOCIATES, INC. 3501 S.W. CORPORATE PARKWAY PALM CITY FL 34990 Sulle, Apt. #, etc. City FL Zip Code City FL Zip C					8. Make check payable to: Dept. of S	State (See reverse side for fee information	ın)	
PETER D. CUMMINGS & ASSOCIATES, INC. 3501 S.W. CORPORATE PARKWAY PALM CITY FL 34990 Sulle, Apt. #, etc. City FL Zip Code City FL Zip C		Q Name and Address of Current E	Penistered Acent	T	10 If changed new Resistent	Acont/Office	\dashv	
Signature (Registered Agents PARKWAY PALM CITY FL 34990 10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Silatures, the above-name 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 summitted by its general partner(s). Thereby accept the appointment of registered agent, and accept the obligations of section 620.192, Florida Silatures. SIGNATURE (Registered Agent Acceptage Appointment) A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11a. Paddress of Each General Partner MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11b. City, State & 2ip Code 11c. Registration NNN/1031 GP, INC. 3501 S.W. CORPORATE P PALM CITY FL 34990 F98000002126 PARTMENT Agents Agents Accepted by the state of the Partner of the Internation supplied with this filting is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Silatures, 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 with this filting is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Silatures, 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 decrease and that my disparants with there has be as an legisle defects as if made under oath, 1 further certify that it as a General Partner of the information indicated on this strain appoint to the sent oaccural and that my disparants with there has be as an legisle defects as if made under oath, 1 further certify that it as a General Partner of the information indicated on this strain appoint to the sent oaccural and that my disparants with the vertified	9. Name and Address of Current Registered Agent							
Sulle, Apt. #, etc. City FL Zip Code 10a. Pursuant to the provisions of sections 820,1051 and 820,192, Florids Statutes, the above-named limited partnership organized or registered under the leave of the State of Florida, submits this statement for the purpose of changing its registered content or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(a). I hereby accept the appointment of registered agent, I am familiar with, and accept the obligations of section 620,192, Florids Statutes. SIGNATURE (Registered Agent Accepting Appointment) 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) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration/ Document Number NNN/1031 GP, INC. 3501 S.W. CORPORATE P PALM CITY FL 34990 F98000002126 P98000002126 20000000000000000000000000000	PETER D. CUMMINGS & ASSOCIATES, INC.							
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10a. Pursuant to the provisions of sections 620.192, Florida Statutes, the above-named limited partnership organized or registated under the laws of the State of Florida, submits this statement for the purpose of changing its registated effete or registated agent, or both, in the State of Florida. Such change was authorized by its general partner(s). Thereby accept the appointment of registered agent, and familiar valls, and accept the obligations of section 620.192, Florida Statutes. 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) 11a. Address of Each General Partner 11b. City, State & Zip Code 11c. Registration Document Number NNN/1031 GP, INC. 3501 S.W. CORPORATE P PALM CITY FL 34990 F98000002126 PALM CITY FL 34990 F98000002126 PALM CITY FL 34990 F98000002126 Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner. 12. 10 heady serify that the information supplied with this lifting is voluntarily turnished and dose not qualify for the exemption stated in Section 113.07(3)(6), Florida Statutes. The partner of the information supplied on with Section 110.07(3)(6) in the worth that the information included on this annual report is true and securate and that my eigneture shall have the same logal effects as if made under cath. I further cortify that I am a General Partner of the limited partnership, receiver or trustee amprovement to execute this report as required by chapter 620, Florida Statutes. NINN 1031 GP, TITC. SIGNATURE DY: LIST VICE PUES IDENT 11 C. DOCUMENT SIGNATURE DY: 11 C. DOCUMENT SIGNATURE DY: 12 C. 10 DOCUMENT SIGNATURE DY: 12 DOCUMENT SIGNATURE DY: 14 DOCUMENT SIGNATURE DY: 15 DOCUMENT SIGNATURE DY: 15 DOCUMENT SIGNATURE DY: 15 DOCUMENT SIGNATURE DY: 15 DOCUMENT SIGNATURE DY: 16 DOCUMENT SIGNATURE DY: 16 DOCUMENT SIGNATURE DY: 17 DOCUMENT SIGNATURE DY: 18 DOCUMENT SIGNATURE DY SIGNATUR	PALM CITY	/ FL 34990		Suite, Apt. #, e	tc.	-	\neg	
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