

**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

LA  
99 JAN 25 PM 2:15

STATE OF FLORIDA  
TALLahassee, FLORIDA



1. Name of Limited Partnership:

1a. DOCUMENT #  
**A98000000520**

**THE WOODS OF VERO BEACH, LTD.**

Mailing Address

520 NORTH 30TH STREET  
P.O. BOX 611  
QUINCY IL 62306

Principal Office Address

520 NORTH 30TH STREET  
P.O. BOX 611  
QUINCY IL 62306

3. Date Formed or Registered

02/25/1998

3a. Date of Last Report

5a. Capital Contributions as  
Shown on record

**\$1,000.00**

5b. Amount of Capital  
Contributions in FLORIDA  
to date

4. State or Country of Formation

FL

6. FEI Number

58-2385816

7. Certificate of Status Desired

Applied For  
 Not Applicable

\$8.75 A.H. Fee  
Per Report

8. Mark check payable to Dept. of State (See reverse side for information)

2. Mailing Address

510 Maine Street  
Suite, Apt. #, etc.  
Suite 700  
City & State  
Quincy IL  
Zip  
62306  
Country  
USA

2a. Principal Office Address

510 Maine Street  
Suite, Apt. #, etc.  
Suite 700  
City & State  
Quincy IL  
Zip  
62306  
Country  
USA

9. Name and Address of Current Registered Agent

**B & C CORPORATE SERVICES OF CENTRAL FLORIDA  
A 390 NORTH ORANGE AVENUE, SUITE 1100  
ORLANDO FL 32801**

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

10. If changed, new Registered Agent Office

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)

**GREAT RIVER DEVELOPMENT COMP**

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

**520 NORTH 30TH STREET**

11b. City, State & Zip Code

**QUINCY IL 62306**

11c. Registration  
Document Number

**F98000001088**

680002766238-4  
-02/25/99-01092-006  
\*\*\*\*141.25 \*\*\*\*141.25

**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)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) in the event that the information supplied is deemed exempt from public release. 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

*Steve Christy*

DATE

*1/21/98*

Typed or Printed Name of General Partner Signing Form

*Steve Christy Pres. Great River Development Comp.*

Daytime Telephone Number

*(215) 222-1107*

CR25003 10/98