




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 | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 58 DEC 28 PM 1:02 | |
|--|--|---|--|--|--|
| 1. Name of Limited Partnership YARMOUTH DEVELOPMENT, LIMITED PARTNERSHIP | | 1a. DOCUMENT # A98000000570 | |  | |
| Mailing Address 453 SOUTH WEBB ROAD, SUITE 500 WICHITA KS 67207 | | Principal Office Address 2440 SOUTH FEDERAL HIGHWAY, SUITE M STUART FL 34994 | | 3. Date Formed or Registered 02/26/1998 | |
| 2. Mailing Address 450 N. SUNNYSLOPE RD Suite, Apt. #, etc. 302 City & State BROOKFIELD, WI Zip 53005 | | 2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country | | 3a. Date of Last Report | |
| | | | | 4. State or Country of Formation FL | |
| | | | | 5a. Capital Contributions as Shown on record. \$40,000.00 | |
| | | | | 5b. Amount of Capital Contributions in FLORIDA to date: 400,000 | |
| | | | | 6. FEI Number 65-0815093 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 8. Make check payable to: Dept. of State (See reverse side for fee information) 535.00 | |
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | | 10. If changed, new Registered Agent/Office Name 526 25 Street Address (P.O. Box Number is Not Acceptable) 875 Suite, Apt. #, etc. City 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) | | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | | 11b. City, State & Zip Code | |
| COVENTRY CORPORATION | | 453 SOUTH WEBB ROAD, | | WICHITA KS 67207 | |
| | | | | F97000001188 | |
| | | | | 7000002732807--2 -01/07/99--01012--016 ***2285.00 ***535.00 | |
| 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  DATE 12-22-98 | | | | | |
| Typed or Printed Name of General Partner Signing Form MARK OHLENDORF Daytime Telephone Number 414-641-7563 | | | | | |

CR2E003 (8/98)