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

| LIMITED PARTNERSHIP |
|---------------------|
| ANNUAL REPORT       |
| 1999                |

MDC SOUTHWEST LTD 1



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

<sup>1a</sup> DOCUMENT # A98000000695 FILED W/s

99 FEB -2 PM 1:03

SECRETARY OF STATE TALLAHASSEE FLORIDA



| Meiting Address  C/O MEADOWLAND DEVELOPMENT CORP.  1220 SOUTH OCEAN BLVD.   | Principal Office Address  C/O MEADOWLAND DEVELOPMENT CORP. 1220 SOUTH OCEAN BLVD. DELRAY BEACH FL 33483 |  | 3. Date Formed or Registered 03/16/1998 3a. Date of Lest Report | 5a. Capital Contributions as Shown on record. \$10,000.00  5b. Amount of Capital Contributions in FLORIDA |                                  |  |  |
|---|---|--|---|---|----------------------------------|--|--|
| DELRAY BEACH FL 33483   |   |  | N/A   |   |                                  |  |  |
| 2. Mailing Address  | 2a. Principal Office Address  |  | 4. State or Country of Formation                                | to date   | e:                               |  |  |
| Sulte, Apt. #, etc.   | Suite, Apt. #, etc.   |  | 6. FEI Number 65-0820874  |   | Applied For                      |  |  |
| City & State  | City & State  | City & State   |   | <b>M</b>  | Not Applicable                   |  |  |
| Zip Country   | Zip   | 7. Certificate of Status Des<br>Zip Country 8, Make check payable to:              |   |   | \$8.75 Additional Fee Required   |  |  |
| 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent/Office   |   |  |   |   |                                  |  |  |
| SEACH, WILLIAM R  |   | Name   |   |   |                                  |  |  |
| C/O MEADOWLAND DEVELOPMENT CORP.  |   | Street Address (P.O. Box Number is No. 2000 02 76 75 54 1 - 02/08/33 - 01085 - 001 |   |   |                                  |  |  |
| 1220 SOUTH OCEAN BLVD.<br>DELRAY BEACH FL 33483   |   | Sulte, Apt. #, etc. ****167.50 ****167.50  |   |   |                                  |  |  |
|   |   | City   |   | FL  | Zip Code                         |  |  |
| 10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or reagent. I am familiar with, and accept the obligations | egistered agent, or both, in the State of Flor  |  |   |   |                                  |  |  |
| SIGNATURE (Registered Agent Accepting Appointment)  |   |  | DATE  |   |                                  |  |  |
| A GENERAL PARTNER THAT  | <u> I BE REGISTERED AN</u>  | D ACTIVE   | PARTNERSHIP OR OTHE<br>WITH THIS OFFICE.                        | R BUSII   | NESS ENTITY                      |  |  |
| 11. Name(s) of General Partner(s)   | 11a. Address of Each General (Do NOT Use Post Office B  |  | 11b. City, State & Zip Code                                     | 11c.  | Registration/<br>Document Number |  |  |
| MEADOWLAND DEVELOPMENT CORP.  | 1220 SOUTH OCEAN BL   |  | DELRAY BEACH FL 33483   | J79   | , cwaco                          |  |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.   |   |  |   |   |                                  |  |  |

1 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 cath. 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.

|  | •          |        |              |
|--|------------|--------|--------------|
| Typed or Printed Name of General Partner Signing Form 41111 Am                               | <b>A</b> - |        | 4            |
| Kanad as Delate d Name of Consent Dark - Circles Com. (d 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | D. Sca     | all il | <i>V O S</i> |
| ryped or Printed Name or General Partner Signing Form 🛩 1 🛌 💶 📭 📂                            |            |        |              |
|  |            |        |              |

SIGNATURE William R. Scarl

Daytime Telephone Number 56/- 2X-5/22

DATE 12-31-98

0000504

\_\_\_\_\_