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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

SIGNATURE

Typed or Printed Name of General Partner Signing Form



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS SECRETARY OF STATE DIVISION OF CORPORATIONS

AD VE IV				98 DEC 22 AM 10: 46			
1. Name of Limited Partnership	1a. DOCUMENT # A98000001048			10020 22 AM IU: 46			
ENGINEERED HOMES OF ORLANDO LTD. #2			14.11.11.11.11.11.11.11.11.11.11.11.11.1				
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
1155 S. SEMORAN BLVD SUITE 1118 1155 S. SEMORAN BLVD SUITE 1118 WINTER PARK FL 32792 WINTER PARK FL 32792				04/28/1998 3a. Date of Last Report	\$1,000.00		
				5b. Amount of Capital Contributions in FLORIDA to determine the Contributions of PLORIDA to determine the Capital Contributions of PLORIDA to determine the Capital Ca			
2. Mailing Address	failing Address 2a. Principal Office Address			4. State or Country of Formation	1000	000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	· · · ·	Applied For	
City & State	City & State			59-350 669 7. Certificate of Status Desired	75	Not Applicable	
Zip Country	Zip Country			8. Make check payable to: Dept. of S		\$8.75 Additional Fee Required	(on)
							
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office				
STEPHAN, REINHARD G 2699 LEE ROAD, SUITE 540 WINTER PARK FL 32789		Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc.					
		City Zip Code					
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent, I am familiar with, and accept the obligations of SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT I	istered agent, or both, in the State of Florio f section 620.192, Florida Statutes.	la. Such chang	e was auth	orized by its general partner(s). I hereby DATEDATE	State of Flori accept the s	ppointment of registered	
	BE REGISTERED AN					Registration/	_
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	11c.	Document Number	_ _
E.H. LAKE GLORIA, INC.	1155 S. SEMORAN BLVD.		WIW	VINTER PARK FL 32792 P98000037900 P980000037900 P980000000000 P98000000000000 P980000000000			CR2E003 (8/98)
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 Corporations from any liability of non-compliance with S this annual report is true and accurate and that my signt empowered to execute this report as required by chapte	filing is voluntarily furnished and does not ection 119.07(3)(k) in the event that the infe ature shall playe the same legal effects as it	qualify for the ormation supp	exemption : lied is deem	stated in Section 119.07(3)(k), Florida Si led exempt from public access. I further	tatutes. I relea	ese the Division of e information indicated or	n