

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

APR 23 1999

SECRETARY OF STATE



1. Name of Limited Partnership FUTUREVIEW, LTD.		1a. DOCUMENT # A98000001077	
2. Mailing Address 3372 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308		2a. Principal Office Address 3372 CAPITAL CIRCLE, N.E. TALLAHASSEE FL 32308	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 05/01/1998	5a. Capital Contributions in FLORIDA to date \$,711,184.79
3a. Date of Last Report 910,435	5b. Amount of Capital Contributions in FLORIDA to date 910,435
4. State or Country of Formation FL	6. FEI Number 59-3528450
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to Dept. of State (See reverse side for fee information) FF \$526.25

9. Name and Address of Current Registered Agent HARRIS, FRED F JR., ESQ 101 EAST COLLEGE AVENUE TALLAHASSEE FL 32301		10. If changed, new Registered Agent/Office FL	
Name		Street Address (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #, etc.		City	
Zip Code		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) TERRA VISTA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3372 CAPITAL CIRCLE,	11b. City, State & Zip Code TALLAHASSEE FL 32308	11c. Registration/Document Number P97000097835
200002858052--8 -04/30/99--01057--004 ***2776.25 ***526.25			

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)(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 *Richard S. Kearney* DATE **4/28/99**
Typed or Printed Name of General Partner Signing Form: **Richard S. Kearney** Daytime Telephone Number: **(850)531-0066**

CR2E003 (12/98)