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

LIMITED PARTNERSHIP ANNUAL REPORT 1999

12. I do hereby certify that the information supplie Comprations from any liability of non-compile this annual report is true and accurate and for

Typed or Printed Name of General Partner Signing Form

empowered to execute this report

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A9800001434**

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

99 JAN -4 AM 8: 06

	A9800001434		_		
PERROS GRANDE II LIMITED					
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
455 INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770	455 INDIAN ROCKS ROAD BELLEAIR BLUFFS FL 33770		06/10/1998 3a. Date of Last Report	\$12,000,000.00	
2. Mailing Address	2a. Principal Office Address	·ā-	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
A. Walling Address	Za. Fincipal Office Address		FL	2,090,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59.3520214	Applied For	
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country	7	`L	Fee Required tate (See reverse side for fee information)	
				· · · · · · · · · · · · · · · · · · ·	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
ARSENAULT & REARDON, P.A.		Name			
10225 ULMERTON ROAD, SUITE 2		eet Address (P.O. Box Number Is Not Acceptable)			
LARGO FL 34641	Suite, Apt. #, etc.		•		
City			FL Zip Code		
10a. Pursuant to the provisions of sections 620.1051 and for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	stered agent, or both, in the State of Florida. Such				
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 Numbe	rs) 11b.	City, State & Zip Code	11c. Registration/ Document Number	
PERROS GRANDE II, INC.	455 INDIAN ROCKS ROAD N/an	BEL	LEAIR BLUFFS FL 33770	P98000051177	
			900002 -01/20 ****57	7486894 /8901108025 26.25 ****526.25	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

pter 620, Florida Statutes.

this fijing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Fiorida Statutes. I release the Division of

socion 19.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on lature 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