

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

FILED

99 MAR 12 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Worthington
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership		1a. DOCUMENT # A98000001629	
ALTAMONTE SPRINGS-TEELBARK, LTD.			
Mailing Address C/O MICHAEL HALL, CPA 21 SOUTH 12TH STREET, SUITE 402 PHILADELPHIA PA 19107		Principal Office Address 777 S FLAGLER DRIVE, SUITE 500E WEST PALM BEACH FL 33401	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	



3. Date Formed or Registered 07/02/1998	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date.
4. State or Country of Formation FL	
6. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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)	

9. Name and Address of Current Registered Agent VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DRIVE, SUITE 500E WEST PALM BEACH FL 33401	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City
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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) HALL, MICHAEL CPA Change 100 per amendment dated 3/15/99 dec Teelbark Inc.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 21 SOUTH 12TH STREET, same	11b. City, State & Zip Code PHILADELPHIA PA 19107 same	11c. Registration/ Document Number F48000003803 dec
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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

12-9-98

Typed or Printed Name of General Partner Signing Form: TEELBARK, INC.

Daytime Telephone Number: 215-381-4000

CR2E003 (8/98)