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

LIMITED PARTNERSHIP ANNUAL REPORT 1000



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

FILED

1999		DIVISION OF CO	ORPORATIO	NS	98 DEC 29 AM	in: 12		
1. Name of Limited Partnership 1a. DOCUMENT # A98000001903					SECRETARY OF STATE TALLAHASSEE, FLORIDA			
PLANT CITY PARTNE	<u> </u>				TALLAHASSEE, FL			
Mailing Address	Princi	pal Office Address			3. Date Formed or Registered	5a. Capita	al Contributions as n on record.	
111 WEST FORTUNE STREET 111 WEST FORTUNE STREET TAMPA FL 33602 TAMPA FL 33602			ET		08/07/1998 3a. Date of Last Report	\$10,000.00		
						5b. Amou Contri to dat	int of Capital ibutions in FLORIDA	
Mailing Address     2a. Principal Office Address					4. State or Country of Formation	10 020		
Suite, Apt. #, etc.	Suite, Apt. #, etc. 6. FEI Number		l	Applied For Not Applicable				
City & State	City &	State			59-3497527 7. Certificate of Status Desired			
Zip Country	Zip		Country		8. Make check payable to: Dept. of S		\$8.75 Additional Fee Required	
		J. A. Court			10. If changed, new Registered	Agent/Office		
9. Name and Address of Gurrent Registered Agent			Name					
CALLEN, DAVID H			Street Address (P.O. Box Number Is Not Acceptable)					
111 WEST FORTUNE STREET TAMPA FL 33602	Suite, Apt. #, etc.		<del></del>					
1AWIFA I'L 55002			City		<u>*****1</u>		****141.25	
	<del></del>				nized or registered under the laws of the	FL	la submite this statement	
for the purpose of changing its a agent. I am familiar with, and ac	registered office or registered at coapt the obligations of section to g Appointment)	gent, or both, in the State of Flori 620.192, Florida Statutes.	da. Such chang	PART	DATE	/ accept the ap	pointment of registered	
	MUST BE F	KEGISTERED AN	DACIN	11b.	City, State & Zip Code	11c.	Registration/ Document Number	
11. Name(s) of General Partner(s	5) 116	a. (Do NOT Use Post Office Bo	ox Numbers)	110.				
PLANT CITY GP, INC.	1	111 West Fortune St	RE	TAN	MPA FL 33602	P9:	8000069136	
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th pet 1.								
Note: General partner	s MAY NOT be ch	anged on this forn	n; an am	endme	ent must be filed to cha	ange a g	eneral partner.	
12. I do hereby certify that the information from any liability of n	ation supplied with this filing is v non-compliance with Section 11! trate and that my signature shall	oluntarily furnished and dece not 9.07(3)(k) in the event that the in I have the same legal priects as	t qualify for the	exemption :	stated in Section 119.07(3)(k), Florida S led exempt from public access. I further or certify that I am a General Partner of	tatutes. I relea- certify that the	se the Division of information indicated on	
SIGNATURE	Janu,	o wi		<del></del>	DATE		- / / 3	
Typod or Printed Name of General Paring	er Signing Form			_	Daytime Telephone Number			