

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1a. DOCUMENT #
A980000001903

PLANT CITY PARTNERS, LTD.

8. Make check payable to: Dept. of State (See reverse side for fee information)

Zip Code

DATE _____

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. Registration/ Document Number
PLANT CITY GP, INC.	111 WEST FORTUNE STRE	TAMPA FL 33602	P98000069136 ST 1-13

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 _____

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

000001