## 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

1. Name of Limited Partnership

A98000001961

**DOCUMENT #** 

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SANDHICLS ASSOC	TATES, CTO.				
Mailing Address 17521 U.S. HIGHWAY 441, SUITE D' 4 MOUNT DORA FL 32757	Principal Office Address 17521 U.S. HIGHWAY 441. MOUNT DORA FL 32757	17521 U.S. HIGHWAY 441, SUITE # 9		5a. Capital Contributions as Shown on record \$1,500.00	
2. Malling Address	2a. Principal Office Address			5b. Amount of Capital Contributions in FLORIDA to date	
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc.  City & State			Applied For Not Applicable	
<b>Zip</b> Country	Zıp	Country		7. Certificate of Status Desired \$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	<del></del>	10. If changed, new Registered A	Agent/Office	
for the purpose of changing its registere	20 1051 and 620.192, Florida Stalutes, the above-n	Suite, Apt #, etc City amed limited partnership			
SIGNATURE (Registered Agent Accepting Appoi		I, LIMITED P	ARTNERSHIP OR OTHE	ER BUSINESS ENTIT	
11. Name(s) of General Partner(s)	Address of Each General Addres		b. City, State & Zip Code	11c. Registration/	
INVESTMENT ALTERNATIVES, INC. 17521 US HIGHWAY 441,		<b>′ 441</b> ,	MOUNT DORA FL 32757	P98000072233	
			04/07	8325.060 793-01083014 41.25 ****141.25	

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

12. Ido 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

M. BICKEL