


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

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FLORIDA SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 30 AM 8:47	
1. Name of Limited Partnership <div style="text-align: center; padding: 10px;">Hayden Lane III, Ltd.</div>		1a. DOCUMENT # <div style="text-align: center; padding: 10px;">A98000002336</div>			
Mailing Address <div style="text-align: center; padding: 10px;">1320 33rd Street West Palmetto, Florida 34221</div>		Principal Office Address <div style="text-align: center; padding: 10px;">Same</div>		3. Date Formed or Registered <div style="text-align: center; padding: 10px;">9/17/98</div>	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report <div style="text-align: center; padding: 10px;">N/A</div>	
4. State or Country of Formation <div style="text-align: center; padding: 10px;">Florida</div>		5a. Capital Contributions as Shown on record. <div style="text-align: center; padding: 10px;">\$10,000</div>			
6. FEI Number <div style="text-align: center; padding: 10px;">65-0870833</div>		5b. Amount of Capital Contributions in FLORIDA to date: <div style="text-align: center; padding: 10px;">N/A</div>			
7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable		8. Make check payable to: Dept. of State (See reverse side for fee information) <div style="text-align: center; padding: 10px;">\$8.75 Additional Fee Required</div>			
9. Name and Address of Current Registered Agent <div style="text-align: center; padding: 10px;">Whiting H. Preston c/o Lane Hayden Company 1320 33rd Street West Palmetto, FL 34221</div>		10. If changed, new Registered Agent/Office Name <div style="text-align: center; padding: 10px;">158.75</div> Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <div style="text-align: center; padding: 10px;">FL 34221</div>			
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) <div style="text-align: center; padding: 10px;">Lane Hayden Company</div>		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <div style="text-align: center; padding: 10px;">1320 33rd St. W.</div>		11b. City, State & Zip Code <div style="text-align: center; padding: 10px;">Palmetto, FL 34221</div>	
11c. Registration/Document Number <div style="text-align: center; padding: 10px;">P98000032967</div>		<div style="text-align: center; padding: 10px;"> 700002734067-1 -01/08/99-01004-016 ***2752.50 ****158.75 </div>			
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 _____ Typed or Printed Name of General Partner Signing Form		DATE <u>12/28/98</u> Daytime Telephone Number <u>(941) 722-3279</u>			
<div style="text-align: center; padding: 10px;">WHITING PRESTON</div>					

CR2E003 (8/98)