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

FILED

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SECRETAL YOR STATE

				30.00c.17	OCT FLOOR	
1. Name of Limited Partnership	1a. DOCUMENT # A9800002389			TÄLLÄHÄSSEE, FLÖRIDA		
MR. GOLF PROFESSIONAL	LIMITED PARTNERSH	IP		1 18030H 1618 16181 60H 68H	1 BEILT BOUT BOTH BOTH HOUSE THE TAKE THE TOTAL TOTAL SON	
Malling Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as	
5306 FERNHILL COURT ORLANDO FL 32808	5306 FERNHILL COURT ORLANDO FL 32808			10/15/1998 3a. Date of Last Report	\$15,000.00	
					5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formalion	# 4,750.0	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. FEI Number	Applied For	
City & State	City & State			59-3534871	Not Applicable	
Zip Country	Zip	Zip 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			10. If changed new Registered Agent/Office			
RUDD, MICKEY C SR 5308 FERNHILL COURT ORLANDO FL 32808		Name Streel Address (P.O. Box Number is Not Acceptable)				
						Suite, Apt #, etc
		City			Zip Code	
		agent. I am familiar with, and accept the obligation SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	e or registered agent, or both, in the State of Fic ations of section 620.192, Florida Statules.	prida Such chai	nge was autho	orized by its general partner(s) There DATE NERSHIP OR OTH
11. Name(s) of General Partner(s)		11a. (Do NOT Use Post Office Box Numbers)		City, Stale & Zip Code	11c. Registration/ Document Number	
RUDD, MICKEY C SR	5306 FERNHILL COURT		OI	ORLANDO FL 32808		
				800002 -03/1: ****)	(867) 867) 867) 867) 867) 867) 867) 867)	
4				, / c		
Note: General partners MAY N	OT be changed on this for	m; an am	endmer	nt must be filed to ch	ange a general partner.	
12. I do hereby certify that the information supplied wifrom any liability of non-compliance with Section 1 is true and accurate and that my signature shall hexecute this report as required by chapter 620, Fig.	f 19.07(3)(k) in the event that the information supave the same legal effects as if made under oa	pplied is deemed	d exempt from	public access. I further certify that th	e information indicated on this annual report	
SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE						
Typed or Printed Name of General Partner Signing Form	HICKEY C. RUDD	.52		Daytime Telephone Number	01-356-1985	