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

LIMITED PARTNERSHIP ANNUAL REPORT 1999	Sand- Seclete	RTMENT OF STATE  B. MS\$ham  ary of State  CORPORATIONS	SECRETARY OF STATE DIVISION OF CORPORATIONS			
1. Name of Limited Partnership		1a. DOCUMENT # A98000002441		99 FEB -5 AM 9: 28		
RIVENDELL FARM, LTD.						
Mailing Address Principal Office Address			3. Date Formed or Registered	<b>5a.</b> Capital Contributions as Shown on record.		
400 E. South Street			10/27/98	\$10,000,000.00		
Orlando, FL 32801		3a. Dale of Last Report				
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address	·		lo dale.		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$4,750.00		
		City & State		Applied For  Not Applicable		
City & State	City & State			<b>\$8.75</b> Additional		
Zip Country	Zıp	Zip Country		Fee Required  8. Make check payable to Dept of State (See reverse side for fee information)		
0			10. If changed, new Registers	11		
9. Name and Address of Cu	Mante Hagistered Agent	Name	10. It Changed, New Registers	a Agentranice		
James M. Seneff, Jr.		Street Address (P.C	Box Number Is Not Acceptable)			
400 E. South Street	I Suite Apt. #. etc			<del>- 100002771701 5</del>		
Orlando, FL 32801		-02/10/9901062010 ciy ****141.25 *****41.25				
10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office	ce or registered agent, or both, in the State of I					
agent. I am familiar with, and accept the oblig	ations of section 620 192, Florida Statules.					
SIGNATURE (Registered Agent Accepting Appointmen						
A GENERAL PARTNER THA	AT IS A CORPORATION, UST BE REGISTERED AI	LIMITED PAF ND ACTIVE W	RTNERSHIP OR OTHE VITH THIS OFFICE.	R BUSINESS ENTITY		
11. Name(s) of General Partner(s)	11a. Address of Each Gen	eral Partner 11h		11c. Registration/ Document Number		
Rivendell Farm, Inc.	400 E. South St	reet 0:	rlando, FL 32801	P98000091392		
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1			32-9-99			
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12. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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.

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

SIGNATURE	·~·			DATE	12/18/98
Typed or Printed Name of General	James M. Sen	eff, Sd., Presi Rivendeli Farm	dent Inc., General	Parthame Telephone Number	(407) 650-1000