

**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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 17 AM 10:28

1. Name of Limited Partnership THE AV RANCH LIMITED PARTNERSHIP		1a. DOCUMENT # A98000002682	
Mailing Address 5577 SE Lang Fang Ave. Arcadia, FL 34266		Principal Office Address 5577 SE Lang Fang Ave. Arcadia, FL 34266	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered Dec. 7, 1998		5a. Capital Contributions as Shown on record. \$830,000	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date: \$830,000	
4. State or Country of Formation FL		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input type="checkbox"/> \$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 BARRY W. BENNETT 60 Second Street, S.E. Winter Haven, FL 33880	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) Lowe Management Corporation	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5577 SE Lang Fang Ave.	11b. City, State & Zip Code Arcadia, FL 34266	11c. Registration/Document Number P98000096984
300002726573--2 -12/30/98--01069--008 ****526.25 ****526.25			

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.

LOWE MANAGEMENT CORPORATION

SIGNATURE BY: Verdia Lowe
 VERDIA LOWE, President

DATE 12-11-98
 941/494-3171

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)