## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP

12. I do hereby certify that the information supplied with this

Typed or Printed Name of General Partner Signing Form

SIGNATURE.

Corporations from any liability of non-compliance with Section 119.0 this annual report is true and accurate and that my significant shall be empowered to execute this report as required by chapter 620, Florical from the section of the section of the section of the section of the sec

WILL BE SUBJECT TO REVOC	ATION AND \$500 PENALT	Y FEE			
LIMITED PARTNERSHIP  ANNUAL REPORT  1999	FLORIDA DEPARTMENT OF STATE  Santra B. Mortham  Secretary of State  DIVISION OF CORPORATIONS		SECRETARY OF STATE DIVISION OF CORPORATIONS  98 DEC 31 PM 1:40		
1. Name of Limited Partnership	1a. DOCUMENT # A9800000 2842				
AFFORDABLE/TAYLOR CREEK, LT	TD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.	
P.O. Box 928	405-F Atlantis Road		12.22.98	\$1,000.00	
Cape Canaveral, FL 32920	Cape Canaveral, FL 32920		3a. Date of Last Report	1	
			N/A	5b. Amount of Capital	
2 11-7-2-2-1-1-2		4. State or Country of Formation	Contributions in FLORIDA to date:		
2. Mailing Address P.O. Box 928	<b>2a.</b> Principal Office Address 405—F Atlantis Road		FL		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number	Applied For Not Applicable	
City & State	City & State		7 0 75 7 7 7 7 7 7 7	<del></del>	
Cape Canaveral, FL Zip Country	Cape Canaveral, FL Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
32920 USA	32920	USA	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 Registere	d Agent/Office	
G. Hallo and Hallo and Gardin Hogalitate Agent		Name			
Christopher J. Straka 405-F Atlantis Road		Street Address (P.O. Box Number Is Not Acceptable)			
Cape Canaveral, FL 32920			Suite, Apt. #, etc.		
		City		FL Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations or	istered agent, or both, in the State of Flori	d límíted partnership ör da. Such change was	ganized or registered under the laws of the authorized by its general partner(s). I here	ne State of Florida, submits this statement eby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointment)			DATE		
A GENERAL PARTNER THAT IS MUST	A CORPORATION, L BE REGISTERED ANI	IMITED PAR D ACTIVE W	TNERSHIP OR OTHE ITH THIS OFFICE.	R BUSINESS ENTITY	
11. Name(s) of General Partner(s)	11a. Address of Each General	Partner k Numbers) 11b.	City. State & Zip Code	11c. Registration/ Document Number	
AFFORDABLE/TAYLOR CREEK, 405-F Atlantis Road INC.			pe Canaveral, FL 32920 000002	P98000 106233 108000002842 17278803	
Note: General partners MAY NOT be/changed on this form; an amendment must be filed to change a general partner.					

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(3)(k) in the

Christopher

Straka

ned and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I release the Division of

eyent that the information supplied is deemed exempt from public access. I further certify that the information indicated on legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee

Daytime Telephone Number

12,29,98

407.799.4900

CR2E003 (8/98)



ACCOUNT NO. : 072100000032

AUTHORIZATION

COST LIMIT : \$ ---- ISO, ∞

ORDER DATE: December 31, 1998

ORDER TIME : 10:21 AM

ORDER NO. : 084731-005

CUSTOMER NO: 7120823

CUSTOMER: Ms. Cynthia L. Rentz

Straka & Associates 405-f Atlantis Road

Cape Canaveral, FL 32920

ANNUAL REPORT FILING

NAME: AFFORDABLE/TAYLOR CREEK, LTD

XX \_\_ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
X PLAIN STAMPED COPY

XX \_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

98 DEC 31 AH II: 51