

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

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|---|--|--|--|---|--|
| LIMITED PARTNERSHIP ANNUAL REPORT 1999 | | FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS | | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 31 PM 2:00 | |
| 1. Name of Limited Partnership | | 1a. DOCUMENT # A98000002888 | | | |
| COLONIAL RIDGE DEVELOPERS, LTD. | | | | | |
| Mailing Address 3400 N.E. 34 Street Suite 101 Ft. Lauderdale, Florida 33308 | | Principal Office Address 3400 N.E. 34 Street Suite 101 Ft. Lauderdale, FL 33308 | | 3. Date Formed or Registered 12/28/98 | |
| | | | | 3a. Date of Last Report N/A | |
| | | | | 4. State or Country of Formation Florida | |
| 2. Mailing Address | | 2a. Principal Office Address | | 5a. Capital Contributions as Shown on record. \$500,000.00 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5b. Amount of Capital Contributions in FLORIDA to date: \$500,000.00 | |
| City & State | | City & State | | 6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| Zip Country | | Zip Country | | 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 | | 10. If changed, new Registered Agent/Office | |
| Corporation Service Company 1201 Hays Street Tallahassee, Florida 32301 | | Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City | |
| | | 4000002732324-1 -01/06/99--01078--012 ***526.25 FL ***526.25 | |

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) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
| Searidge, a Florida general partnership | 3400 N.E. 34 Street Suite 101 | Ft. Lauderdale, FL 33308 | GP9800001128 |
| BKC 12/31/98 | | | |

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

DATE

12/30/98

Typed or Printed Name of General Partner Signing Form

Gary A. Saul, Secretary

Daytime Telephone Number

305/579-0500

CR2E003 (8/98)