	PLEASE KLAD	ALL INSTRUCTI	ONS DEL ONE	-	,, civi.
LIMITED PARTNERS	HIP (Katherin Secretary	TMENT OF STATE ne Harris y of State corporations	00 OCT 20 PM 5: 00	
OCCUMENT # A9900001650 I. Name of Limited Partnership Odessa Land Limited				SECRETARY OF STATE TALLAHASSEE, FLORIDA 6000034367965 -10/24/0001058002 ****2276.25 *****526.25	
Principal Office Address 1407 W. Busch Blvd Suite, Apt. #, etc.		3. Mailing Office Address 1407 W. Busch Blvd. Suite, Apt. #, etc.		5. FEI Number 59-3637948	ctober 8, 1999 Applied For Not Applicable
Tampa, FL	Country	City & State Tampa, FL Zip 33612	Country	7a. Capital Contributions as shown o	n Record: 988,808.00 Filed 1020-00
33012	8. Name and Address of	,		7b. Amount of Capital Contributions i \$988,808.00	n FLORIDA to date:
Name Lawrence E. Fuentes Street Address (P.O. Box Number is Not Acceptable) 1407 W. Busch Blvd. Suite, Apt. #, Etc. City Tampa State Zip Code FL 33612				FEES: 1.) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$52.50 and a maximum of \$437.50, for each year due this office. 2.) Supplemental Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year. 3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee.	
Pursuant to the provisions of sections 620.1051 and 620.1					
10. Name(s) of G	eneral Partner(s)	Address of Each		City, State and Zip Code	10a. Registration Document Number
Odessa Land	d Company, In	c. 1407 W. B	Busch Blvd. T	Tampa, FL 33612	P99000074115 \$5∂6.∂5

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

11.	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)(i), Flor	rida Statutes. I release the Division of
	Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. If	urther 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 Pa	artner of the limited partnership, receiver or
	trustee empowered to execute this report as required by chapter 620, Florida Statutes.	
	NATURE I Shanter Mes	10/19/00
\sim	NIATLIDE / /LATX /A (/M AR/) ~ If / R//	10/19/00

Typed or Printed Name of General Farmer Signing Form Lawrence E. Fuentes, President Telephone Number 813-933-6647