PILE 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

FILED 8 DEC 11 ANIO: 40

1. Name of Limited Partnership	1a. DOCUMENT # B93000000306			98 DEC 11 SECRETARY (AN 10: 40 DE STATE		
EIC-FLORIDA III, LIMITED PARTNERSHIP							
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
111 E. WAYNE ST., STE. 500 FORT WAYNE IN 46802	111 E. WAYNE ST., STE. 500 FORT WAYNE IN 46802			07/26/1993 3a. Date of Last Report 12/01/1997	\$1,000.00 5b. Amount of Capital Contributions in FLORIDA		
2. Mailing Address	2a. Principal Office Address			4. State or Country of Formation	Contributions in FLORIDA to date:		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State			6. FEI Number 35-1892855	Applied For Not Applicable	e	
Zip Country	Zip Country			7. Certificate of Status Desired 8. Make check payable to: Dept. of S	\$3.75 Addition: Fee Required state (See reverse side for fee inform		
9. Name and Address of Current Re	gistered Agent			10. If changed, new Registered	Agent/Office		
		Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Lip Code and limited partnership organized or registered under the laws of the State of Florida, submits this statement orida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered				nent	
A GENERAL PARTNER THAT IS MUST I	A CORPORATION, L BE REGISTERED AN				R BUSINESS ENTI	TY	
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers) 11b.		11b.	City, State & Zip Code	11c. Registration/ Document Number		
EIG FL, LIMITED PARTNERSHIP			FORT WAYNE IN 46802		BUJ — 60 -1:230000034037	CR2E003 (8/98	
		de		dec			
Note: General partners MAY NOT be		<u> </u>				er.	
12. I do hereby certify that the information supplied with this fill Corporations from any liability of non-compliance with Sec this annual report is true and accurate and that my signatus empowered to execute this report as equired by chapter of the complete that the complete section is a sequired by chapter of the complete section in the complete section is a sequired by chapter of the complete section is a sequired by chapter of the complete section is a sequired by chapter of the complete section is a sequired by the complete sequired	tion 119.07(3)(k) in the event that the infere shall have the same legal effects as if 20, Florida Statutes.	omation suppl	lled is deemed	exempt from public access, I further of the artify that I am a General Partner of the	ertify that the information indicated e limited partnership, receiver or tru		
Todd M. Jacobs, Secretary/Treasurer	<u></u>			DATE	30 198	_	
Typed or Printed Name of General Partner Signing Form Lits		<u> </u>		Daytime Telephone Number 219	426-4704		