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

## LIMITED PARTNERSHIP ANNUAL REPORT

1999

empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Typed or Printed Name of General Partner Signing Form

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** B93000000489

SECRETARY OF STATE DIVISION OF CORFORATIONS

98 DEC 29 PM 3: 17

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DATE 12-21-98

\_ Daytime Telephone Number

971-490-9600

( STREET 1	3. Date Formed or Registered 11/12/1993 3a. Date of Last Report 01/26/1998	5a. Capital Contributions as Shown on record.
1	3a. Date of Last Report 01/26/1998	\$483,714.00
	01/26/1998	
Address		5h amount of Control
Address		5b. Amount of Capital Contributions in FLORIDA to date:
	DÉ	5 28, 888
	6. FEI Number	Applied For
		Not Applicable
Country	7. Certificate of Status Desired	\$8.75 Additional Fee Required
	8. Make check payable to: Dept. of	State (See reverse side for fee information)
	10. If changed, new Registered	Agent/Office
Name	tame 526.25	
Street Addre	ddress (P.O. Box Number Is Not Acceptable)	
Suite, Apt. #,	, etc.	7330252
City	City -01/07/99_101093%-007	
	e was authorized by its general partner(s). I hereb	
TION, LIMITED		R BUSINESS ENTITY
RED AND ACTIV	E WITH THIS OFFICE.	Doctories to
Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
RD.	orlando fl	F93000005108
his form: an ame	endment must be filed to ch	ange a general partner
	Name Street Addre Suite, Apt. # City  e above-named limited partner State of Florida. Such change attutes.  TION, LIMITED RED AND ACTIV Each General Pertner Post Office Box Numbers)  RD.	4. State or Country of Formation DE 6. FEI Number 59-3192495 7. Certificate of Status Desired  8. Make check payable to: Dept. of:  10. If changed, new Registered Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City City DATE State of Florida. Such change was authorized by its general partner(s). I herebatutes.  DATE TION, LIMITED PARTNERSHIP OR OTHERED AND ACTIVE WITH THIS OFFICE. Each General Pertner Post Office Box Numbers) 11b. City, State & Zip Code

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