

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

44

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 SEP 16 AM 8:56

1. Name of Limited Partnership	1a. DOCUMENT # B95000000189
CANTONMENT PARTNERS, LTD.	



Mailing Address POST OFFICE BOX 680176 PRATTVILLE AL 36069	Principal Office Address 250 WASHINGTON STREET PRATTVILLE AL 36067	3. Date Formed or Registered 05/30/1995	5a. Capital Contributions as Shown on record. \$1,000.00
		3a. Date of Last Report 09/22/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation AL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 63-1145941	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country		

9. Name and Address of Current Registered Agent KIEHN, ROLAND W 220 MCKENZIE AVE. PANAMA CITY FL 32401	10. If changed, new Registered Agent/Office Name 000002643560---2 Street Address (P.O. Box Number is Not Acceptable) 09/18/98--01075--011 Suite, Apt. #, etc. ****141.25 ****141.25 City FL Zip Code
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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) N.O.M. PROPERTIES, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 250 WASHINGTON STREET	11b. City, State & Zip Code PRATTVILLE AL 36067	11c. Registration/ Document Number F97000004955
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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

Thomas E. Newton

DATE

9-8-98

Typed or Printed Name of General Partner Signing Form

Thomas E. Newton, President

Daytime Telephone Number

334/365-9058

CR2E003 (8/98)