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FILE 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 SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 16 AM 8:56

1. Name of Limited Partnership: 59 WEST PARTNERS, LTD. 1a. DOCUMENT # B95000000200 2. Mailing Address: POST OFFICE BOX 680176 PRATTVILLE AL 36068 2a. Principal Office Address: 250 WASHINGTON STREET PRATTVILLE AL 36067 3. Date Formed or Registered: 06/02/1995 3a. Date of Last Report: 09/22/1997 4. State or Country of Formation: AL 5a. Capital Contributions as Shown on record: \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date: 6. FEI Number: 63-1142753 7. Certificate of Status Desired: \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State



9. Name and Address of Current Registered Agent: KIEHN, ROLAND W 220 SO. MCKENZIE AVE. PANAMA CITY FL 32401 10. If changed, new Registered Agent/Office: Name, Street Address, Suite, Apt. #, etc., City

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.

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: 250 WASHINGTON STREET 11b. City, State & Zip Code: PRATTVILLE AL 36067 11c. Registration/Document Number: F97000004955

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 Daytime Telephone Number: 334/365-9058

CR2E003 (8/98)