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

DOCUMENT#

FILED 98 OCT 20 PM 4: 30 SECRETARY OF STATE

| * Name or Limber Partnership | B9600000 | B9600000178 | | TALLAHASSEE, FLORIDA | | |
|---|--|---|---|---|---|--|
| FLORIDA PANAMA LIMITED PARTNERSHIP | | | | | | |
| Mailing Address | Principal Office Address | Principal Office Address | | 5a. Capital Contributions as Shown on record. | | |
| 380 Union Street West Springfield ma 01089 | 380 Union Street West Springfield Ma 01089 | | | \$1,000.00 5b. Amount of Capital Contributions in FLORIDA to date: | | |
| 2. Mailing Address | 2a. Principal Office Address | 2a. Principal Office Address | | | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | Applied For Not Applicable | | |
| Zip Country | <u> </u> | City & State | | | \$8.75 Additional Fee Required | |
| Zip Country | Zip | Country | 8. Make check payable to: Dept. of S | State (See reve | | |
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) | | | | |
| | | Suite, Apt. #, etc. City Zip Code | | | | |
| 10a. Pursuant to the provisions of sections 620,1051 for the purpose of changing its registered office of agent. I am familiar with, and accept the obligation | or registered agent, or both, in the State of Fioric | | | | | |
| SIGNATURE (Registered Agent Accepting Appointment) | TIO 4 000000 4710N 1 | | DATE_ | D D.101 | IFOO FAITE | |
| A GENERAL PARTNER THA | ST BE REGISTERED AN | D ACTIVE \ | NITH THIS OFFICE. | K BUSI | NESS ENTITY | |
| 11. Name(s) of General Partner(s) | Address of Each General 11a. (Do NOT Use Post Office Bo | Partner x Numbers) 11 | b. City, State & Zip Code | 11c. | Registration/ Document Number | |
| NEPSA 1996 PROPERTY INVESTOR | 380 UNION STREET | | WEST SPRINGFIELD MA 0 90002: -10/22 ***25i | 670: /980 | \$000002275 1 8 9 7 1069011 ****141.25 | |
| Note: General partners MAY NO | | | | | | |
| 12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance we this annual report is true and accurate and that my empowered to execute this report as required by ch | ith Section 119.07(3)(k) In the event that the Info signature shall have the same legal effects as if | ormation supplied is o | deemed exempt from public access, I further | certify that the | information indicated on | |

| SIGNATURE | |
|-----------|--|
|-----------|--|

Typed or Printed Name of General Partner Signing Form