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

				2 DM I	N	
1. Name of Limited Partnership	^{1a.} DOCUMI B9600000	ENT # 485		אַן תויד	<i>:</i> 45	
CRESTVIEW RV PARK, LTD.			CD12/2/			
Mailing Address	Principal Office Address		3. Date-Formed or Registered	5a. Capit	tal Contributions as	
P.O. BOX 5566	2733 ROSS CLARK CIRCLE		12/18/1996	Shown on record.		
DOTHAN AL 36302	DOTHAN AL 36301		3a. Date of Last Report	\$0.00		
			12/09/1997	5b. Amount of Capital Contributions in FLORIDA		
·			4. State or Country of Formation	Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		AL			
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number		Applied For	
City & State	City & State		72-1363532		Not Applicable	
	Ony & State		7. Certificate of Status Desired		\$8.75 Additional Fee Required	
Zip Country	Zip	Country	8_ Make check payable to: Dept. of S	state (See revi		
					Terrania de la composición dela composición de la composición de la composición de la composición de la composición dela composición dela composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela composic	
9. Name and Address of Current Registered Agent		Name	10. If changed, new Registered Agent/Office			
C T CORPORATION SYSTEM						
1200 SOUTH PINE ISLAND ROAD		Street Address (P.O. Box Number Is Not Acceptable)				
PLANTATION FL 33324		Suite, Apt. #, etc.				
		City	FL Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or reg agent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florid		as authorized by its general partner(s). I hereby			
A GENERAL PARTNER THAT	S A COPPODATION 1	IMITED D	ADTNEDSHID OD OTHE	P BUSI	NESS ENTITY	
MUST	BE REGISTERED AN	DACTIVE	WITH THIS OFFICE.	K DOSI	NEGO ENTIT	
11. Name(s) of General Partner(s)	11a. Address of Each General (Do NOT Use Post Office Box	Partner x Numbers) 1	1b. City, State & Zip Code	11c.	Registration/ Document Number	
ARONOV, JAKE F	3500 EASTERN BLVD.		MONTGOMERY AL 36116			
ARONOV, OWEN W	3500 EASTERN BLVD.		MONTGOMERY AL 36116			
BLUMBERG, LARRY G	2733 ROSS CLARK CIRCL		DOTHAN AL 36301			
BLUMBERG, RICHARD H	2733 ROSS CLARK CIRCL		DOTHAN AL 36301	1		
•			2000027 -12/24/9 ****14	21.30 1.25	527 003012 ****141.25	
Note: General partners MAY NOT	be changed on this form	ı; an amen	dment must be filed to cha	ınge a g	eneral partner.	
12. I do hereby certify that the information supplied with this	filing is voluntarily furnished and does not	qualify for the exer	nption stated in Section 119.07(3)(k), Florida St	atutes. I relea	se the Division of	

12.	o 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	
	rporations 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
	s 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 true.	ustee
	powered to execute this report as required by chapter 620, Florida Statutes.	

Typed or Printed Name of General Partner Signing Form