



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 NOV 16 PM 12:07	
1. Name of Limited Partnership SHOTTENKIRK PARTNERSHIP, L.P.		1a. DOCUMENT # B97000000310			
Mailing Address 613 TENTH STREET FORT MADISON IA 52627		Principal Office Address 619 TENTH STREET FORT MADISON IA 52627		3. Date Formed or Registered 06/17/1997	
2. Mailing Address 5600 Pensacola Blvd Suite, Apt. #, etc.		2a. Principal Office Address 5600 Pensacola Blvd Suite, Apt. #, etc.		3a. Date of Last Report 12/16/1997	
City & State Pensacola FL		City & State Pensacola FL		4. State or Country of Formation IA	
Zip 32505		Country Escambia		5a. Capital Contributions as Shown on record. \$20,000.00	
				5b. Amount of Capital Contributions in FLORIDA to date. \$600.00	
				6. FEI Number 39-1893513	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				8. Make check payable to: Dept. of State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent SHOTTENKIRK, GREGORY J 3729 CEYLON DRIVE GULF BREEZE FL 32561				10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL	
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) SHOTTENKIRK PROPERTIES, INC.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 619 TENTH STREET		11b. City, State & Zip Code FORT MADISON IA 52627	
				11c. Registration/Document Number F97000003221	
				500002691955--0 -11/19/98--01089--012 ****141.25 ****141.25	
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 _____ DATE 9-21-98					
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____					

CR2E003 (8/98)