## 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 DEC 29 AMII: 04

| 1. Name of Limited Partnership   | 1a. DOCUMENT #<br>B9700000363   |   |   |   | mille)   | <i>0</i> 4                     |                |
|--|---|---|---|---|--|--------------------------------|----------------|
| COASTAL DEVELOPERS, L.P.   |   |   |   | 11111111111111111111111111111111111111  |  |                                |                |
| Mailing Address  | Principal Office Address  |   |   | 3. Date Formed or Registered  | 5a. Capita   | al Contributions as            | 7              |
| 674 WOODLAND BAYOU<br>SANTA ROSA BEACH FL 32459  | 674 WOODLAND BAYOU<br>SANTA ROSA BEACH FL 32459   |   |   | 07/22/1997<br>3a. Date of Last Report<br>03/09/1998   | \$200,000.00  5b. Amount of Capital Contributions in FLORIDA |                                | -              |
| 2. Mailing Address   | 2a. Principal Office Address  |   |   | 4. State or Country of Formation DE   | to dat   | <b>e:</b>                      |                |
| Suite, Apt. #, etc.  | Suite, Apt. #, etc.   |   |   | 6. FEI Number   | L  | Applied For                    | 7              |
| City & State   | City & State  |   |   | 59-3457305 7. Certificate of Status Desired   |  | \$8.75 Additional Fee Required | -              |
| Zip Country  | Zip Country   |   |   | Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information) |  |                                | -              |
|  |   |   |   | 40  |  |                                |                |
| 9. Name and Address of Current Registered Agent  |   |   | 10. If changed, new Registered Agent/Office |   |  |                                |                |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324   |   | Street Address (P.O. Box Number Is Not Acceptable)  Suite, Apt. #, etc. |   |   |  |                                | -              |
|  |   |   |   |   |  |                                | 7              |
|  |   | City  |   |   | FL   | Zip Code                       | 7              |
| 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 euthorized 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 AN  | D ACTIV   | E WIT                                       | TH THIS OFFICE.   | т  | Registration/                  | -              |
| 11. Name(s) of General Partner(s)  | 11a. (Do NOT Use Post Office Bo   | x Numbers)  | 11b.  | City, State & Zip Code  | 11c.   | Document Number                | - െ            |
| COASTAL DEVELOPERS, INC.   | 674 WOODLAND BAYOU  |   | SANTA ROSA BEACH FL 3                       |   | F97000003828   |                                | CR2E003 (8/98) |
|  |   |   |   | 6000027430663<br>-01/15/9801011012<br>****526.25 ****526.25                                   |  |                                | CR2            |
| •  | •   |   |   |   |  |                                |                |
| •  |   |   |   |   |  |                                |                |
| Note: General partners MAY NOT   | be changed on this forn   | ı; an ame   | endme                                       | nt must be filed to cha   | inge a g   | eneral partner.                |                |
| 12. I do hereby certify that the information supplied with this Corporations from any liability of non-compliance with S this annual report is true and accurate and that my sign empowered to execute this report as required by chapter SIGNATURE  | ection 119.07(3)(k) in the event that the inf<br>ature shall have the same legal effects as i | crmation suppl  | ied is deem                                 | ed exempt from public access, I further   | certify that the<br>he limited part                          | information indicated on       |                |
|  | A TOOK Distra   | 41 10   | b   | Daytime Telephone Number 35   |  | 7-10022                        | 1              |
| Typed or Printed Name of General Partner Signing Form  | TI YHUK TICKE   | U, TI   | <u> </u>                                    | Dayume Telephone Number 25  | 1 111  | 1-4025                         | لك             |