## 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** 

1. Name of Limited Partnership

**DOCUMENT#** B97000000473

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 SEP 14 PM 2: 26

PRATTVILLE AL 36068 PRATTVILLE	NGTON STREET E AL 36067 pal Office Address	3. Date Formed or Registered  09/09/1997  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:	
PO BOX 680176 250 WASHI PRATTVILLE AL 36068 PRATTVILLE  2. Malling Address 28. Princip	NGTON STREET E AL 36067 pal Office Address	09/09/1997 3a. Date of Last Report 09/22/1997 4. State or Country of Formation	\$1,000.00  \$1,000.00	
PRATTVILLE AL 36068 PRATTVILLE  2. Malling Address 2a. Princip	pal Office Address	3a. Date of Lest Report 09/22/1997 4. State or Country of Formation	\$1,000.00  5b. Amount of Capital Contributions in FLORIDA	
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		4. State or Country of Formation	5b. Amount of Cepital Contributions in FLORIDA to date:	
			to date:	
Suite, Apt. #, etc. Suite, Apt. #	, etc.			
		6. FEI Number 72-13	9 53 6 / □ Applied For	
City & State City & State		APPLIED FOR		
		7. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip Country Zip	Country	8. Make check payable to: Dept. of	State (See reverse side for fee information)	
		40	11	
9. Name and Address of Current Registered Agen	1 Name	10. If changed, new Registere	d Agenvonios	
KIEHN, ROLAND W	Street Add	Street Address (P.O. Box Number is Not Acceptable)		
220 MCKENZIE AVENUE				
PANAMA CITY FL 32401	Suite, Apt.	Sulte, Apt. #, etc.		
	City		FL Zip St.	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Fiorida for the purpose of changing its registered office or registered agent, or agent. I am familiar with, and accept the obligations of section 620.192	both, in the State of Florida. Such chan 2, Florida Statutes.	ge was authorized by its general partner(s). I hereb	accept the appointment of registered	
A GENERAL PARTNER THAT IS A COR MUST BE REG	SISTERED AND ACTI	VE WITH THIS OFFICE.	R BUSINESS ENTIT	
	Address of Each General Partner o NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number	
CORPORATE GENERAL, INC. 250 W	ASHINGTON STREET	PRATTVILLE AL 36067	F9200000595	
		600002 -09/16 ****1	6408066 /9801045001 41.25 ****141.25	
Note: General partners MAY NOT be chang	ad on this form; an am			

12. 1 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 ampowered to execute this report as required by chapter 620, Florida Statutes.

**SIGNATURE** 

Thomas E.