

FILE UNDER FEDERAL REVENUE ACT, 1954, FOR LIMITED PARTNERSHIP  
 WILL BE SUBJECT TO REVOCATION AND \$200 PENALTY FEE

159800000590

LIMITED PARTNERSHIP  
 ANNUAL REPORT  
 1999



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 98 OCT 21 AM 8:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

1. Name of Limited Partnership  NOM Sandestin Partners, Ltd.		1a. DOCUMENT # B98-590	
Mailing Address Principal Office Address  99-AR CM		3. Date Formed or Registered 9/30/98	5a. Capital Contributions as Shown on record. 1,000.00
2. Mailing Address P.O. Box 680176		3a. Date of Last Report n/a	5b. Amount of Capital Contributions in FLORIDA to date: 1,000.00
2a. Principal Office Address 250 Washington St.		4. State or Country of Formation Alabama	
Suite, Apt. #, etc.		6. FEI Number 63-1210271 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State Prattville, Alabama		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 36068		Country USA	
City & State Prattville, Alabama		8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip 36067		Country USA	

9. Name and Address of Current Registered Agent Roland W. Kiehn 220 McKenzie Ave. Panama City, FL 32401		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
Corporate General, Inc.	250 Washington Street	Prattville, Alabama 36067	P92-595  300002674213--7 -10/28/98-01040-012 ***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 *Thomas E. Newton* Corporate General, Inc. DATE 10-16-98  
 Typed or Printed Name of General Partner Signing Form Thomas E. Newton, President Daytime Telephone Number 334/365-9058