

**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**

98 NOV -9 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # <b>A15253</b>
1215 LOUISIANA PARTNERSHIP, LTD.	

Mailing Address P.O. BOX 2173 WINTER PARK FL 32790	Principal Office Address 1093 FOGGY BROOK PLACE LONGWOOD FL 32750	3. Date Formed or Registered 09/09/1983	5a. Capital Contributions as Shown on record. \$52,900.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/04/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$52,900.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-2317467 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)
Zip	Country	Zip	Country

9. Name and Address of Current Registered Agent COOPER, JAMES E. 1093 FOGGY BROOK PLACE LONGWOOD FL 32750	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) COOPER, JAMES E.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <del>XXXX WINDERKEY PLACE</del> 1093 Foggy Brook Pl	11b. City, State & Zip Code <del>MAIRLAND FL</del> Longwood, FL 300002686063--2 -11/12/98--01077--017 ****467.80 ****467.80	11c. Registration/ Document Number AL NOV - 9 1998
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**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 November 1, 1998

Typed or Printed Name of General Partner Signing Form James E. Cooper Daytime Telephone Number 407-661-2231

CR2E003 (8/98)