

**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
CORPORATION



1. Name of Limited Partnership		1a. DOCUMENT # A31468	
ACADIA PARTNERS, L.P. (A LIMITED PARTNERSHIP)			
Mailing Address	Principal Office Address		
201 MAIN STREET FT. WORTH TX 76102	201 MAIN STREET FT. WORTH TX 76102		
2. Mailing Address	2a. Principal Office Address		
Suite, Apt #, etc.	Suite, Apt #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered	5a. Capital Contributions as Shown on record
04/24/1991	\$0.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIS to date
12/22/1997	
4. State or Country of Formation	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
DE	
6. FEI Number	<input type="checkbox"/> \$8.75 Additional Fee Required
75-2185106	
7. Certificate of Status Desired	8. Make check payable to Dept. of State (See reverse side for form details)

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
PALMER, WILLIAM D C/O CARLTON, FIELDS, WARD, ET AL FIRSTSTATE TOWER ORLANDO FL 32802	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.152, 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). Thereby, accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.152, 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
ACADIA FW PARTNERS, L.P.	201 MAIN STREET	FT. WORTH TX 76102	B95000000277

0000000277 2012-01-14
-02/03/99 -01114-013
****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)(g), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(g) in the event that the information supplied is deemed exempt from public access. I further certify that the information included 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 _____

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E002 (8/98)