FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

1. Name of Lineage Patriorethip A30305 SENDALL FARMS, LTD. Malling Address Principal Office Address 105 OAKS COURT SANFORD FL 32771 SANFORD FL 32771 2. Malling Address 2. Principal Office Address Sulfe, Apt. #, etc. City & State 10. It changed in the Provisions of Incetion Registered Agent 9. Name and Address of Current Registered Agent 10. It changed in the Registered Agent Office Address Seried Address (P.O. Box Number is Not Acceptable) South, Apt. #, etc. Cryp CARLI, MARNITA K. 105 OAKS COURT SANFORD FL 32771 106. Previous of States of Courted and Courted Agent Courted	1000	DIVISION OF	CORPORATIONS	97 MOV 17 PI	H 24 1 m	
Section Country Coun	1. Name of Limited Partnership		97 NOV 17 PM 2: 15			
165, OAKS COURT SANFORD FL 32771 105 OAKS COURT SANFORD FL 32771 2. Mailing Address 3. Clay 8. State 3. Clay 8. State 4. State or Country of Formation FL 3. Fix Number FR 3. Make check, physicle to Dept of State (See reverse add to the life of	KENDALL FARMS, LTD.					
SANFORD FL 32771 SUBJ Applications City & State To Country Typ Typ Typ Typ Typ Typ Typ T	Malling Address	Principal Office Address		3. Date Formed or Registered	5a. Capita Shown	Contributions as on record
2. Mailing Address 28. Principal Office Address Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. Suite, Apt. 4, etc. City & State Country 70 Country 87.76 Autono 8. Make check pupable to: Dopt, of State (See revenue skills for two links 9. Name and Address of Current Registered Agent 10. If changed, new Registered Agent Safe (See revenue skills for two links Street Address (P.O. Box Number is Not Acceptable) Safe Country Safe Country Suite, Apt. 4, etc. City FL 70					5b. Amount of Capital Contributions in FLORIDA to date: (185) 000	
28. Principal Office Address Sulfe, Apt. #, etc. Sulfe, Apt. #, et				<u> </u>		
City & State City & State City & State City & State To Country Typ Typ Country Typ Typ Country Typ Typ Country Typ Country Typ Country Typ Typ Country Typ Typ Code Typ Typ Typ Code Typ Typ Typ Typ Typ Typ Typ Ty	2. Malling Address	2a. Principal Office Address		· ·		
To Country Typ Country Typ Country To Country						
Second Address of Current Registered Agent 10. If changed, new Registered Agent/Office				7. Certificate of Status Desired		\$8.75 Additional
CARLI, MARNITA K. 105 OAKS COURT SANFORD FL 32771 Total Statutes, the above-named limited perhorship organized or registered under the laws of the State of Fooda, submiste the state of fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the many of the state of Fooda, submiste the state of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, submiste the state of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, submister the state of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, Such change was authorized by its general partner(s). Hereby accept the appointment of registered under the laws of the State of Fooda, Such change was authorized by its general partner(s). Hereby accept the object of the State of Fooda, Such change was authorized by its general partner(s). In the Pood of Control of Pooda of Poo	Zip Country			8. Make check payable to: Dopt. of State (See reverse side for fee Information		
SANFORD FL 32771 Sullic, Apt. #, etc. City FL Typ Code Total City FL Typ Code Total Typ Code Typ Cod	CARLI, MARNITA K.	urrent Registered Agent			d Agent/Office	
PL 10a. Pursuant to the provisions of sections 620 1051 and 620 162. Florida Statutes. The above-named limited partnership organized or registered under the laws of the State of Florida, submits this state for the purpose of changing its registered office or registered agent, or boils, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent, and familiar with, and accept the obligations of section 620.192, Florida Statutes. SIGNATURE (Registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. 11. Name(s) of General Partner(s) 11a. Address of Each General Partner 11b. City, State 8 Zip Code 11c. Registration/ Document Number 11b. CARLI, MARNITA K. 105 OAKS COURT 3823 NE. 19TH STREET OCALA FL 1010002351871 -11/19/\$7-01060-018 ****2291.25 *****541.3			Suite, Apt. #, etc.			
for the purpose of changing its registered diffice or registered agent, or boilt, in the State of Florida. Such change was authorized by its general partner(s). It hereby accept the appointment of registered Agent Accepting Appointment). A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT 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 & 7tp Code 11c. Registration/Document Number 11d. OCALA FL 10D00122351371 -11/19/9701060018 ***2291.25 *****541.3			City		FL	Zip Code
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENT 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 Numbors) 11b. City, State & Zip Code 11c. Registration/Document Numbors 11b. City, State & Zip Code 11c. Registration/Document Numbors 11c. Programment Numbors 11d. OCALA FL 10DDDD2351871 -11/19/9701060018 ****2291.25 *****541.3	for the purpose of changing its registered offe agent. I am lamiliar with, and accept the oblig	ice or registered agent, or both, in the State of l galions of section 620.192, Florida Statutes.	imod limited partnorship or Florida, Such change was	authorized by its general partner(s). I her	eby accept the :	da, submits this statemer appointment of registerer
Title (Do NOT Use Post Office Box Numbors) Title (Do NOT Use Pos	A GENERAL PARTNER TH	AT IS A CORPORATION, UST BE REGISTERED A	LIMITED PAR ND ACTIVE W	TNERSHIP OR OTHE	R BUSIN	IESS ENTITY
WYATT, JENTA RAE 3823 NE. 19TH STREET OCALA FL 10000235187111/19/8701060018 ****2291.25 *****541.2	11. Name(s) of General Partner(s)	11a. Address of Each Gen (Do NOT Use Post Office	eral Partner Box Numbers) 11b	City, State & Zip Code	11c.	Registration/ Document Number
100002351871	CARLI, MARNITA K.	105 OAKS COURT	SA	ANFORD FL		
dec (541.25)	WYATT, JENTA RAE 3823 NE. 19TH		T O	 		
				100002 -11/19 ***22	3 516 79701 91.25	3 714 060018 ****541.25
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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partr				dec (s	is6.1/2)
	Note: General partners MAY N	NOT be changed on this for	rm; an amendm	ent must be filed to ch	ange a ge	neral partner.

2. To nereby certify that the information supplied with this timing is voluntarily jurnished and obus not quality for it exemptions from any hability 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 eath. 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 _

MARNITA

K. CARLI

DATE. 10/27/97

Daytriie Telephone Number 407-322 -3987

CHZE003 (6/97)