

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

93 NOV 30 AM 11:49

1. Name of Limited Partnership

1a. DOCUMENT #
A93000001058

THE A. C. FOX FIRST FAMILY LIMITED PARTNERSHIP



Mailing Address 1 MURIEL ROAD PORT WASHINGTON NY 11050		Principal Office Address 1300 SOUTHWEST 130TH AVE. APT F304 PEMBROKE PINES FL 33027-2135		3. Date Formed or Registered 10/07/1993	5a. Capital Contributions as Shown on record. \$45,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 12/04/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date: 22,090
City & State		City & State		6. FEI Number 58-2073003 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent FOX, BRIAN 1300 SOUTHWEST 130TH AVE., APT. #F304 PEMBROKE PINES FL 33027-2135		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL	
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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
FOX, ALLEN	1300 SOUTHWEST 130TH	PEMBROKE PINES FL 330	000002706560--6 -12/08/98--01079--013 ****243.38 ****243.38
FOX, BRIAN	1300 SOUTHWEST 130TH	PEMBROKE PINES FL 330	

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 *Brian Fox* DATE *11/16/98*
Typed or Printed Name of General Partner Signing Form *BRIAN FOX* Daytime Telephone Number *243-773-6432*

CR2E003 (8/95)