

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP
ANNUAL REPORT
1998

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

1. Name of Limited Partnership
1a. DOCUMENT #
A94000001802

CHAMPION FAMILY PARTNERSHIP, LTD.

98-AR CM



Mailing Address P.O. BOX 13445 TALLAHASSEE FL 32317	Principal Office Address 3375-G CAPITAL CIR. NE TALLAHASSEE FL 32308	3. Date Formed or Registered 12/22/1994	5a. Capital Contributions as Shown on record. \$4,362,968.90
2. Mailing Address 3375-G Capital Cr., N.E. Suite, Apt. #, etc.	2a. Principal Office Address Suite, Apt. #, etc.	3a. Date of Last Report 01/27/1997	5b. Amount of Capital Contributions in FLORIDA to date:
City & State Tallahassee, FL	City & State	4. State or Country of Formation FL	6. FEI Number 59-3295239 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 32308	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 WARFEL, TIMOTHY J ESQUIRE 215 SOUTH MONROE STREET, SUITE 701 TALLAHASSEE FL 32301	10. If changed, new Registered Agent/Office Name W. Frederick Thomson Street Address (P.O. Box Number is Not Acceptable) 3375-G Capital Circle, N.E. Suite, Apt. #, etc. City Tallahassee FL Zip Code 32308
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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) *W. Frederick Thomson* DATE **3/9/98**

**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) CHAMPION FAMILY CORPORATION,	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 2214 KILLARNEY WAY 3375-G Capital Cr., N.E.	11b. City, State & Zip Code TALLAHASSEE FL 32308	11c. Registration/Document Number P94000092519 500002461355--1 -03/19/98--01002--002 ***526.25 ***526.25
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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 *John E. Champion* DATE **March 12, 1998**

Typed or Printed Name of General Partner Signing Form **JOHN E. CHAMPION** Daytime Telephone Number **850-893-3956**

CR2E003 (12/97)