

**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 -4 PM 4: 03

LL 11/4

1. Name of Limited Partnership

1a. DOCUMENT #
A96000000840

SECRETARY OF STATE
TALLAHASSEE FLORIDA

STUBBINS FAMILY LIMITED PARTNERSHIP



Mailing Address 6110 NORTH OCEAN BLVD. PELICAN COVE #3 OCEAN RIDGE FL 33435		Principal Office Address 6110 NORTH OCEAN BLVD. PELICAN COVE #3 OCEAN RIDGE FL 33435		3. Date Formed or Registered 04/30/1996	5a. Capital Contributions as Shown on record. \$3,960,000.00
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 11/07/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
City & State		City & State		6. FEI Number 36-4115404 <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 STUBBINS, HUGH A JR. 6110 NORTH OCEAN BLVD. PELICAN COVE #3 OCEAN RIDGE FL 33435		10. If changed, new Registered Agent/Office 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 620.192, 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
STUCO, INC.	6110 NORTH OCEAN BLVD	OCEAN RIDGE FL 33435	P96000037938
STUBBINS, HUGH A JR.	6110 NORTH OCEAN BLVD	OCEAN RIDGE FL 33435	

400002681644--3
-11/05/98--01097--016
****526.25 ****526.25

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)(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 629, Florida Statutes.

SIGNATURE *[Signature]* DATE 10-29-98

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

CR2E003 (8/98)