

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

99 JAN -4 AM 8:53

1. Name of Limited Partnership	1a. DOCUMENT # A96000000878
INEZ B. WALKER FAMILY LIMITED PARTNERSHIP	



09/121

Mailing Address 4013 BRUTON BOULEVARD ORLANDO FL 32805	Principal Office Address 1913 BRUTON BOULEVARD ORLANDO FL 32805	3. Date Formed or Registered 05/09/1996	5a. Capital Contributions as Shown on record. \$297,000.00
		3a. Date of Last Report 03/20/1998	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address 1213 2895 mercy Dr Suite, Apt. #, etc.	2a. Principal Office Address 2895 mercy Dr Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State Orlando, FL	City & State Orlando, FL	6. FEI Number 59-3382882	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 32808 Orange	Zip 32808 Orange	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent WALKER, INEZ B 1913 BRUTON BOULEVARD ORLANDO FL 32805	10. If changed, new Registered Agent/Office Name Inez B. Walker Street Address (P.O. Box Number Is Not Acceptable) 2895 mercy Dr. Suite, Apt. #, etc. City Orlando State FL Zip Code 32808
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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
WALKER, INEZ B	1913 BRUTON BOULEVARD 2895 mercy Dr	ORLANDO FL 32805 Orlando, FL 32808	A 96 000000 878 300002752513--6 -01/25/93--01006--024 ****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 620, Florida Statutes.

SIGNATURE Inez B. Walker DATE 12/30/98
Typed or Printed Name of General Partner Signing Form Inez B. Walker Daytime Telephone Number 407) 299-4126

CR2E003 (8/98)