

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

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 MAR 30 PM 2: 04

1. Name of Limited Partnership	1a. DOCUMENT # A96000001443
JAMES BROWN FAMILY LIMITED PARTNERSHIP	



Mailing Address 8069 E. COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413	Principal Office Address 8069 E. COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413	3. Date Formed or Registered 08/02/1996	5a. Capital Contributions as Shown on record. \$331,000.00
2. Mailing Address P.O. Box 9218		3a. Date of Last Report 03/17/1997	
2a. Principal Office Address		4. State or Country of Formation FL	
City & State PANAMA CITY FL		6. FEI Number 59-3389189 APPLIED FOR	
Zip 32413		Country USA	

5b. Amount of Capital Contributions in FLORIDA to date:	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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 BROWN, JAMES J 8069 E. COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number Is Not Acceptable)
Suite, Apt. #, etc.
City
Zip Code FL

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
SAFEL, INC.	8069 E. COUNTY HIGHWA	PANAMA CITY BEACH FL	P96000049124
300002482953--0 -04/08/98--01083--009 ****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  DATE **3-20-98**

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

CR2E003 (12/97)