

**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
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FILED

99 MAR 17 PM 3: 20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership JAMES BROWN FAMILY LIMITED PARTNERSHIP	1a. DOCUMENT # A96000001443
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2. Mailing Address P.O. BOX 9218 PANAMA CITY FL 32413 <i>change to</i>	2a. Principal Office Address 8069 E-COUNTY HIGHWAY 30-A PANAMA CITY BEACH FL 32413 <i>change</i>	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	2a. Principal Office Address 111 Sun Lane	3a. Date of Last Report 03/30/1998	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3389189
City & State Panama City Beach FL	City & State Panama City Beach, FL	7. Certificate of Status Desired	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 32417	Zip 32413	Country USA	Country USA
		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 <i>change</i>
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10. If changed, new Registered Agent/Office Name Brown, James J. Street Address (P.O. Box Number is Not Acceptable) 111 Sun Lane Suite, Apt. #, etc. City Panama City Beach FL 32413
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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) *[Signature]* DATE 12-3-98

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) SAFEL, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8069 E. COUNTY HIGHWAY	11b. City, State & Zip Code PANAMA CITY BEACH FL	11c. Registration/Document Number P96000049124
3000002814469-- 0 -03/22/93--01153-010 ****526.25 ****526.25 <i>[Handwritten initials]</i>			

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 *[Signature]* DATE 12-3-98

Typed or Printed Name of General Partner Signing Form *James Brown* Daytime Telephone Number 850-234-6633

CR2E003 (8/98)