

**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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR -6 PM 3:45

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000002467**

**WOOTEN FAMILY PARTNERSHIP, LTD.**



Mailing Address

STAR ROUTE 121  
OCHOPEE FL 34141

Principal Office Address

STAR ROUTE 121  
OCHOPEE FL 34141

3. Date Formed or Registered

12/16/1996

5a. Capital Contributions as Shown on record.

**\$1,057,500.00**

3a. Date of Last Report

04/15/1997

5b. Amount of Capital Contributions in FLORIDA to date:

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0698551

Applied For  
 Not Applicable

7. Certificate of Status Desired

\$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

**HUGGINS, THOMAS F ESQ.**  
**C/O PAULICH, SLACK & WOLFF, P.A.**  
**2150 GOODLETTE RD., 6TH FLOOR**  
**NAPLES FL 34102**

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

600002485516-9

City

04/10/98-0110-019

\*\*\*\*\*526.25 FL \*\*\*\*\*526.25

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)

WOOTEN, S. GENE  
WOOTEN, LILLIAN R

11a. Address of Each General Partner  
(Do NOT Use Post Office Box Numbers)

STAR ROUTE 121  
STAR ROUTE 121

11b. City, State & Zip Code

OCHOPPEE FL 34141  
OCHOPPEE FL 34141

11c. Registration/  
Document Number

600002485516-9  
04/10/98-0110-020  
\*\*\*\*\*8.75 \*\*\*\*\*8.75

**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

*S. Gene Wooten*  
S. Gene Wooten

DATE

April 2, 1998

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

800-292-2787

CR25003 (1/2/97)