

**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

98 DEC 28 AM 7:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A97000000186
THE BERT E. ROPER AND BARBARA C. ROPER FAMILY LIMITED PARTNERSHIP	

Mailing Address 12302 SUMMERPORT LANE WINDERMERE FL 34786	Principal Office Address 12302 SUMMERPORT LANE WINDERMERE FL 34786	3. Date Formed or Registered 01/23/1997	5a. Capital Contributions as Shown on record. \$6,542,800.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 12/29/1997	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	
City & State	City & State	6. FEI Number 59-3420295	<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 ASMA, WILLIAM N P.A. 886 SOUTH DILLARD STREET WINTER GARDEN FL 34787	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Applicable) 108802742311--9 City, State & Zip Code FL 32709-0002 Suite, Apt. #, etc. ***526.25 ***526.25
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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
ROPER, BERT E	12302 SUMMERPORT LANE	WINDERMERE FL 34786	
ROPER, BARBARA C	12302 SUMMERPORT LANE	WINDERMERE FL 34786	

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 Bert E. Roper DATE 12-22-98

Typed or Printed Name of General Partner Signing Form Bert E. Roper Daytime Telephone Number 407-656-3233

CR2E003 (8/98)