

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP  
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**FILED**

98 DEC 31 PM 4:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership  <b>ABLEIDINGER FAMILY LIMITED PARTNERSHIP</b>	1a. DOCUMENT # <b>A97000001109</b>
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Mailing Address 4425 AVENUE CANNES LUTZ FL 33549	Principal Office Address 4425 AVENUE CANNES LUTZ FL 33549	3. Date Formed or Registered 05/19/1997	5a. Capital Contributions as Shown on record. \$1,000.00
		3a. Date of Last Report 01/13/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00
		4. State or Country of Formation FL	
2. Mailing Address 4529 CHEVAL BLVD. Suite, Apt. #, etc.	2a. Principal Office Address 4529 CHEVAL BLVD. Suite, Apt. #, etc.	6. FEI Number 59-3450672	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State LUTZ, FLA.	City & State LUTZ, FLA.	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)
Zip Country 33549 USA	Zip Country 33549 USA		

9. Name and Address of Current Registered Agent  ABLEIDINGER, ROBERT J 4425 AVE. CANNES LUTZ FL 33549	10. If changed, new Registered Agent/Office Name <b>ABLEIDINGER, ROBERT J.</b> Street Address (P.O. Box Number Is Not Acceptable) <b>4529 CHEVAL BLVD.</b> Suite, Apt. #, etc. City <b>LUTZ, FL</b> Zip Code <b>33549</b>
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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) Robert J. Ableidinger DATE 12/23/98

**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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
ABLEIDINGER, ROBERT J	4529 CHEVAL BLVD.	LUTZ FL 33549	
ABLEIDINGER, SUSAN	4529 CHEVAL BLVD.	LUTZ FL 33549	

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-01/15/99-01114-006  
\*\*\*\*141.25 \*\*\*141.25

**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 Robert J. Ableidinger DATE 12/23/98

Typed or Printed Name of General Partner Signing Form ROBERT J. ABLEIDINGER Daytime Telephone Number 813 265-1882

CR2E003 (8/98)