

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
---	---	---

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 SEP 16 AM 10:21

1. Name of Limited Partnership	1a. DOCUMENT # A97000001232
WELLS FAMILY LIMITED PARTNERSHIP	



Mailing Address 100 WEST MAIN STREET AVON PARK FL 33825	Principal Office Address 100 WEST MAIN STREET AVON PARK FL 33825
2. Mailing Address 1600 U.S. 27 S.	2a. Principal Office Address 1600 U.S. 27 S.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/02/1997	5a. Capital Contributions as Shown on record. \$980,000.00
3a. Date of Last Report 09/17/1997	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number 65-0760064	<input type="checkbox"/> Applied For <input checked="" 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 WELLS BROTHERS INVESTMENTS, INC. 100 WEST MAIN STREET AVON PARK FL 33825	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 1600 U.S. 27 S. Suite, Apt. #, etc. City 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.

WELLS BROTHERS INVESTMENTS, INC.

SIGNATURE (Registered Agent Accepting Appointment) BY - Stanley H. Wells - PRES DATE **9-12-98**

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
WELLS BROTHERS INVESTMENTS,	100 WEST MAIN STREET 1600 U.S. 27 S.	AVON PARK FL 33825	P97000029196

700002643817-9
-09/18/98-01088-010
****526.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

2. 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 Stanley H. Wells - PRES DATE **9-12-98**

Typed or Printed Name of General Partner Signing Form STANLEY H. WELLS Daytime Telephone Number (941) 453-6644

CR2E003 (8/98)