

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO 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 JAN 14 AM 8:57

1. Name of Limited Partnership

1a. DOCUMENT #
A97000002770

F. CARLYLE PLATT FAMILY LIMITED PARTNERSHIP

Mailing Address
2200 Simon Road
Melbourne, FL 32904

Principal Office Address
2200 Simon Road
Melbourne, FL 32904

3. Date Formed or Registered
12/18/97

5a. Capital Contributions as
Shown on record
\$5,696,807.00

3a. Date of Last Report
N/A

5b. Amount of Capital
Contributions in FLORIDA
to date:
\$5,696,807.00

2. Mailing Address
2200 Simon Road
Suite, Apt. #, etc.

2a. Principal Office Address
2200 Simon Road
Suite, Apt. #, etc.

4. State or Country of Formation
Florida

City & State
Melbourne, FL

City & State
Melbourne, FL

6. FEI Number Applied For
 Not Applicable

Zip Country
32904 US

Zip Country
32904 US

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

10. If changed, new Registered Agent/Office

CELIO, ALBERT D., ESQ.
976 Brevard Avenue, Suite A
Rockledge, FL 32955

Name

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

Suite, Apt. #, etc.

City

FL

Zip Code

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. Registrar/
Document Number

F. C. Platt, Inc.

2200 Simon Road

Melbourne, FL 32904

P97000106398

600002413696--6
-01/27/98--01102--017
****541.25 ****541.25

FRWM

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

12. I 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~~ 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.

F. C. Platt, Inc., general partner

SIGNATURE By: *F. Carlyle Platt, President*

DATE 1/8/98

Typed or Printed Name of General Partner Signing Form: F. Carlyle Platt, CEO and President Daytime Telephone Number (407) 723-0884

CR2E003 (6/97)