

**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  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 NOV 17 AM 11:54

*with*  
*11/18*

1. Name of Limited Partnership	1a. DOCUMENT # <b>A97000002770</b>
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  12/18/1997	5a. Capital Contributions as Shown on record.  \$5,896,807.00
		3a. Date of Last Report  01/14/1998	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation  FL	
2. Mailing Address	2a. Principal Office Address	6. FEI Number 59-3213074 <b>APPLIED FOR</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State	City & State	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip Country	Zip Country		

9. Name and Address of Current Registered Agent  CELIO, ALBERT D ESQ. 976 BREVARD AVE., SUITE A ROCKLEDGE FL 32955	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <span style="float: right;">FL</span> Zip Code
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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)  F.C. PLATT, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)  2200 SIMON ROAD	11b. City, State & Zip Code  MELBOURNE FL 32904	11c. Registration/ Document Number  <del>297000000998</del> P97000106398 200002692002--3 -11/19/98--01094--002 ****528.25 ****528.25
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CR2E003 (8/98)

**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 F. Carlyle Platt Pres. DATE 11/10/98  
Typed or Printed Name of General Partner Signing Form F. Carlyle Platt, Pres. Daytime Telephone Number (407) 723-0884