

**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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 APR 21 AM 11:43

1. Name of Limited Partnership	1a. DOCUMENT # A98000001352
HERMAN MORRIS FAMILY LIMITED PARTNERSHIP	



2. Mailing Address POST OFFICE BOX 2410 CRYSTAL RIVER FL 34423-2410		2a. Principal Office Address POST OFFICE BOX 2410 CRYSTAL RIVER FL 34423-2410		3. Date Formed or Registered 06/01/1998	5a. Capital Contributions as Shown on record. \$10,000.00
Suite, Apt. #, etc.		Suite, Apt. #, etc.		3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date. 1,003,751.10
City & State		City & State		4. State or Country of Formation FL	
Zip		Country		6. FEI Number <input checked="" type="checkbox"/> Applied For <input 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 CRIDER, JOHN ESQ. 521 W. FORT ISLAND TR., STE A CRYSTAL RIVER FL 34429	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 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.

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
MORRIS, HERMAN	POST OFFICE BOX 2410	CRYSTAL RIVER FL 34423-2410	300002849899--7 -04/23/99--01032--018 ****526.25 ****526.25
WERSCHING, ALOMA D	POST OFFICE BOX 2410	CRYSTAL RIVER FL 34423-2410	
GALLIFORD, SUZANNE	12378 HOBSON LAKE ROA	HIBBING MN 55746	

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 Herman Morris DATE 12-28-98
Typed or Printed Name of General Partner Signing Form Herman Morris Daytime Telephone Number (352) 527-9870

CR2E003 (8/98)