

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
RECEIVED IN STATE
DIVISION OF CORPORATIONS

99 MAR 10 AM 10:45



1. Name of Limited Partnership	1a. DOCUMENT # A98000001417
ALLAN G. W. AND DORIS S. MCLEOD FAMILY INVESTMENT TS, LTD.	

Mailing Address 3251 MORRIS LANE COCONUT GROVE FL 33133	Principal Office Address 3251 MORRIS LANE COCONUT GROVE FL 33133	3. Date Formed or Registered 06/08/1998	5a. Capital Contributions as Shown on record \$7,500.00
2. Mailing Address 3151 MORRIS LANE	2a. Principal Office Address	3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date: \$7,500
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State COCONUT GROVE	City & State COCONUT GROVE	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	Zip Country		

9. Name and Address of Current Registered Agent B&C CORPORATE SERVICES, INC. 201 S. BISCAYNE BOULEVARD, SUITE 3000 MIAMI FL 33131	10. If changed, new Registered Agent/Office Name No change 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. Registration/ Document Number
MCLEOD, ALLAN G	3251 MORRIS LANE	COCONUT GROVE FL 33133	60000281 1396--1 -03/18/99--01011--019 ****141.25 ****141.25 3K 3/10/99
MCLEOD, DORIS S	3251 MORRIS LANE	COCONUT GROVE FL 33133	

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

Alan G. W. McLeod
ALLAN G. W. MCLEOD

DATE

7 March 1999

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

305 585-5160

CR2E003 (12/98)