

**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

98 DEC 18 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership		1a. DOCUMENT # A98000001456	
MARSHALL FAMILY LIMITED PARTNERSHIP, LTD.			
Mailing Address P.O. BOX 231 ORLANDO FL 32802		Principal Office Address 255 SOUTH ORANGE AVENUE, SUITE 1700 ORLANDO FL 32801	
2. Mailing Address Same as above.		2a. Principal Office Address. Same as above.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	

3. Date Formed or Registered 06/12/1998	5a. Capital Contributions as Shown on record. \$700,000.00
3a. Date of Last Report This is initial report.	5b. Amount of Capital Contributions in FLORIDA to date: Same as above.
4. State or Country of Formation FL	6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired N/A	<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 MARSHALL, STEWART A III 255 SOUTH ORANGE AVENUE ORLANDO FL 32801	10. If changed, new Registered Agent/Office Name: Same as #9. Street Address (P.O. Box Number is Not Acceptable): Suite, Apt. #, etc.: City: FL 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. **N/A**

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
MARSHALL FAMILY PROPERTIES,	255 SOUTH ORANGE AVEN	ORLANDO FL 32801	L98000000784 900002726289--9 -12/30/98--01053--011 ****526.25****526.25 <i>12-28</i>

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 *Stewart Andrew Marshall III* DATE 12/9/98
Typed or Printed Name of General Partner Signing Form **Stewart Andrew Marshall III** Daytime Telephone Number **(407) 843-7860**

CR2E003 (8/98)