

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

FILED:
99 MAY 12 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A98000002196
MATTHEWS FAMILY LIMITED PARTNERSHIP, LTD.	



Mailing Address		Principal Office Address	
5018 24TH AVENUE SOUTH TAMPA FL 33675		234 EAST DAVIS BOULEVARD TAMPA FL 33606	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 09/21/1998	5a. Capital Contributions as Shown on record \$1,000,000.00
3a. Date of Last Report 2,450,000.00	5b. Amount of Capital Contributions in FL OFIDA to date
4. State or Country of Formation FL	
6. FEI Number 59-3534205	<input type="checkbox"/> Applied For <input checked="" 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) FF # 526.25	

9. Name and Address of Current Registered Agent BARNETT, SCOTT F ESQ. 140 DANUBE AVENUE TAMPA FL 33608
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10. If changed, new Registered Agent/Office Name SCOTT F. BARNETT Street Address (P.O. Box Number Is Not Acceptable) 234 East Davis Boulevard Suite, Apt. #, etc. City Tampa Zip Code FL 33606

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) *[Signature]* DATE **3/31/99**
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) MATTHEWS GP CORP., INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5018 24TH AVENUE SOUT	11b. City, State & Zip Code TAMPA FL 33675	11c. Registration/Document Number P98000069224
800002852478--5 -04/27/99--01014--002 *****437.50 *****437.50 800002852478--5 -04/27/99--01014--003 *****88.75 *****88.75			

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 <i>Joseph E. Matthews III</i> Typed or Printed Name of General Partner Signing Form Joseph E. Matthews III	DATE 3-31-99	Daytime Telephone Number 813-247-1220
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CR2E003 (12/98)