

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED
99 JAN 28 PM 10
SECRETARY OF STATE
TALLAHASSEE, FL

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership SHIELDS FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A98000002429	
Mailing Address 3294 SPRUCE CREEK GLEN DAYTONA BEACH, FL 32124		Principal Office Address SAME	
2. Mailing Address 3294 SPRUCE CREEK GLEN		2a. Principal Office Address SAME	
City & State DAYTONA BEACH, FL.		City & State SAME	
Zip 32124		Zip USA	
		3. Date Formed or Registered 10/23/98	
		3a. Date of Last Report N/A	
		4. State or Country of Formation FLORIDA	
		5a. Capital Contributions as Shown on record None \$500,000.00	
		5b. Amount of Capital Contributions in FLORIDA to date NONE	
		6. FE# 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 DANNIE J. SHIELDS, SR. 3294 SPRUCE CREEK GLEN DAYTONA BEACH, FL. 32124		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State: 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.

SIGNATURE (Registered Agent Accepting Appointment) Dannie J. Shields DATE 12/29/98

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
TOMMY D. SHIELDS	1555 BELLA VISTA DR.	ENCINITAS, CA. 92024	A98000002429
CHARLIE SHIELDS	749 BOSTON AV.	S. DAYTONA, FL. 32119	11
WALLACE H. SHIELDS	710 SHIELDS RD.	DALTON, GA. 30720	11
PATRICIA D. SKRABAK	532 HERMES AV.	ENCINITAS, CA. 92024	11
DANNIE J. SHIELDS, SR.	3294 SPRUCE CREEK GLEN	DAYTONA BEACH, FL 32124	11

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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 Dannie J. Shields, Sr. DATE 12/29/98

Typed or Printed Name of General Partner Signing Form DANNIE J. SHIELDS, SR. Daytime Telephone Number _____

CR2E003 (8/98)