

**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
Apr 26 1999 8:00 am
Secretary of State

1. Name of Limited Partnership

1a. DOCUMENT #
A98000002463

GERALD E. BUTTS LIMITED PARTNERSHIP

000002463
-02/10/99--01074--009
****526.25 ****526.25

Mailing Address		Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
				10/29/98	\$500,000.00
				3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
				None	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation		6. FEI Number	
2509 Highway 77	same	Florida		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired		8. Make check payable to: Dept. of State (See reverse side for fee information)	
City & State	City & State				
Lynn Haven, Florida					
Zip	Country				
32444	USA				

9. Name and Address of Current Registered Agent	10. If changed, new Registered Agent/Office
Gerald E. Butts 2509 Highway 77 Lynn Haven, FL 32444	Name
	Street Address (P.O. Box Number is Not Acceptable)
	Suite, Apt. #, etc.
	City
	FL Zip Code <i>32444</i>

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) N/A

DATE 4/27

**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
Gerald E. Butts	2509 Highway 77	Lynn Haven, FL 32444	N/A

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)(*) 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

Gerald E. Butts

Gerald E. Butts

DATE 12/29/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number 850/265-9681

CR2E003 (8/98)