

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

ANNUAL REPORT
1999

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

FILED

99 JUL -1 PM 5:00

SECRETARY OF STATE



1. Name of Limited Partnership WILCOX FAMILY LIMITED PARTNERSHIP		1a. DOCUMENT # A97000001801	
Mailing Address 12355 OAKS LANE SEMINOLE FL 33772		Principal Office Address 12355 OAKS LANE SEMINOLE FL 33772	
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 08/21/1997		5a. Capital Contributions as Shown on record \$3,000,000.00	
3a. Date of Last Report 03/09/1998		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation FL			
6. FEI Number 59-3464472		<input 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 LOVELACE, WILLIAM K 2310 WEST BAY DRIVE LARGO FL 33770	10. If changed, new Registered Agent/Office Name 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.

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) SCOTT, LEWIS A TRUSTEE	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 12355 OAKS LANE	11b. City, State & Zip Code SEMINOLE FL 33772	11c. Registration/Document Number 900002930079--6 -07/13/99--01060--003 ***1026.25 ***1026.25 RENEWAL DUE 99 OK
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)