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

Typed or Printed Name of General Partner Signing Form

LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra 2. Hor fham Secretary of State DIVISION OF CORPORATIONS		FILED 99 FEB 12 AM 9: 17	
1. Name of Limited Partnership	1a. DOCUMENT # A06030		SECRETART OF STATE TALLAHASSEE, FLORIDA	
MARCO, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record
3941 SE 26TH COURT RD. OCALA FL 34480	3941 SE 26TH COURT RD. OCALA FL 34480		10/18/1977 3a. Date of Last Report 12/24/1997	\$49,000.00
2, Mailing Address 34th ST	2a . Principal Office Address 3290 <u>S</u> い 39	TH STREET	4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt. #, etc.	Suite, Apt. #. etc.		6. FEI Nuniber 59-1776578	Applied For Not Applicable
Cry & State CALA FL Zio Country No 0	City & State CALA Zig 34474-7438 Country Co		7. Certificate of Status Desired	\$8.75 Additional Fee Required
34474-7488" USA	34474-7438	(05.4)	8. Make check payable to Dept of	State (Sec reverse side for fee information)
9. Name and Address of Current R	egistered Apent	Name	10. If changed, new Registere	d Agent/Office
MARSH, LARRY R 3941 SE 26TH COURT RD. OCALA FL 34480	Suite Apl # etc. () City() C-ALA		Signature (s. Not Acceptable) To	
10a. Pursuant to the provisions of sections 620.1051 and 6 for the purpose of changing its registered office or regagent. I am familiar with, and accept the obligations of	istered agent, or both, in the State of Florid			
SIGNATURE (Registered Agent Accepting Appointment))(/ / / / / / /	DATE	
A GENERAL PARTNER THAT I MUST	S A CORPORATION L BE REGISTERED AN		TNERSHIP OR OTHE ITH THIS OFFICE.	R BUSINESS ENTITY
11. Name(s) of General Partner(s)	11a. Address of Each Genera (Do NOT Use Post Office Bo	Partner x Numbers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
MARSH, LARRY R	3941 SE 26TH COURT RE	00	CALA FL 1 00002 -02/1: ***** 5	:76083:15: 3/9:5-01062006 431.25 ****431.25
Note: General partners MAY NOT				
12. I do hereby certify that the information supplied with this Corporations from any liability of gon-compliance with S this annual report is true and accurate and that my segment as required by chapter and the properties of the properties of the properties.	filing involuntarily furnished and does not option 119 07(3)(k) in the event that the infe growth all have the same legal effects as it 1670, Florida Saturés	qualify for the exemption ormation supplied is dea f made under oath. I furt	n stated in Section 119 07(3)(k), Florida i oned exempt from public access. I furthe her certify that I am a General Partner of	Statutes Trelease the Division of or certify that the information indicated on the limited partnership, receiver or trustee

LARRY R MAKSH Daytime Telephone Number