


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

<b>LIMITED PARTNERSHIP ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
99 MAR -5 AM 11: 23



<b>1. Name of Limited Partnership</b>  <b>THE LANG-ROBINSON PARTNERSHIP, LTD.</b>	<b>1a. DOCUMENT #</b> <b>A06324</b>
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<b>Mailing Address</b> 1962 SPRINGDALE CLEARWATER FL 34615	<b>Principal Office Address</b> 1352 SPRINGDALE CLEARWATER FL 34615
<b>2. Mailing Address</b> 6073 N.E. 56TH DR Suite, Apt. #, etc. City & State WILDWOOD Zip Country 34785 SUMTER	<b>2a. Principal Office Address</b> Suite, Apt. #, etc. City & State Zip Country

<b>3. Date Formed or Registered</b> 02/20/1978	<b>5a. Capital Contributions as Shown on record</b> \$5,000.00
<b>3a. Date of Last Report</b> 11/12/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date</b> 5,000.00
<b>4. State or Country of Formation</b> FL	<b>6. FEI Number</b> 59-1797603
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	<b>8. Make check payable to Dept. of State (See reverse side for fee information)</b> \$8.75 Additional Fee Required

<b>9. Name and Address of Current Registered Agent</b> LANG, JAMES F 1352 SPRINGDALE STREET CLEARWATER FL 33515	<b>10. If changed, new Registered Agent/Office</b> Name LANG, JAMES F Street Address (P.O. Box Number is Not Acceptable) 6073 N.E. 56TH DR Suite, Apt. #, etc. City WILDWOOD Zip Code FL 34785
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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.**

<b>11. Name(s) of General Partner(s)</b> LANG, JAMES F	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b> 1352 SPRINGDALE	<b>11b. City, State &amp; Zip Code</b> CLEARWATER FL 400002808344--8 -03/16/99--01102--012 ****141.25 ****141.25 3-12-99	<b>11c. Registration/Document Number</b>
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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

*James F. Lang*

DATE 3-3-99

Typed or Printed Name of General Partner Signing Form

JAMES F. LANG

Daytime Telephone Number 352-330-0895

CR2E003 (12/98)