FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT #

FILED 97 OCT 20 PH 1: 17 SECRETARY OF STATE TALLAHASSEE, FLORIDA

To remode Edition to Military	Ä09476	A09476			
MCMILLAN, LTD.	GK-Na CW				
Malling Address	Principal Office Address		3. Date Formed or Registered	58. Capital Contributions as Shown on record.	
P.O. DRAWER 649	P.O. DRAWER 649		10/18/1980	A 4 000 000 00	
THE LEIGH PLACE	THE LEIGH PLACE		3a. Date of Last Report	\$1,000,000.00	
BREWTON AL 36427	BREWTON AL 36427		12/19/1996	5b. Amount of Capital	
			4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	2a. Principal Office Address	3	AL	\$5000	
Sulte, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 63-0777868	Applied For	
City & State	City & State		7. Certificate of Status Desired	Not Applicable	
Zip Country	Zip Country		- Certificate of Status Desired	\$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			10. If changed, new Registered Agent/Office		
MITCHEM, SPENCE % BEGGS & LANE 7TH FLOOR BLUNT BLDG. PENSACOLA FL 32576		Name			
		Street Address (P.O. Box Number Is Not Acceptable)			
		Suite, Apt. #, etc.			
		City FL Zip Code			
agent. I am familiar with, and accept the ob	Iffice or registered agent, or both, in the State of oligations of section 620.192, Florida Statutes.	amed limited partnership o Florida Such change was	rganized or registered under the laws of the authorized by its general partner(s). I her	ne State of Florida, submits this statement aby accept the appointment of registered	
SIGNATURE (Registered Agent Accepting Appointm		LIMITED DAT	DATE		
A GENERAL PARTNER TH	MUST BE REGISTERED A	, LIMITED PAP IND ACTIVE W	TINERSHIP OR OTHE /ITH THIS OFFICE.	H BUSINESS ENTITY	
11. Name(s) of General Partner(s)	118. Address of Each Ger	neral Partner	City, State & Zio Code	11c Registration/	

11. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MCMILLAN, ED L II	315 BELLEVILLE AVE.	BREWTON AL	
TATE, ELVIRA M	4320 CLUB DRIVE NE	ATLANTA GA	
OWENS, PAUL D JR.	315 BELLEVILLE AVE.	BREWTON AL	
MCMILLAN, THOMAS E JR.	315 BELLEVILLE AVE.	BREWTON AL	
MCMILLAN, ROBERT C	315 BELLEVILLE AVE.	BREWTON AL 50002	\$31335 1 <i>1</i> 9701037006
		非非非常1	65.00 ****165.00

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

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 Soction 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 eath. 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 State

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

Thomas E.

McMillan , Jr.

Daytime Telephone Number 334-867-5413