

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
Jan 05 1999 8:00 am
Secretary of State

1. Name of Limited Partnership SHORE LINE GROUP, LTD.		1a. DOCUMENT # A10361	
Mailing Address P.O. BOX 1042 PANAMA CITY FL 32402 US		Principal Office Address 304 MAGNOLIA AVE. PANAMA CITY FL 32401 US	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 04/16/1981		5a. Capital Contributions as Shown on record. \$327,600.00	
3a. Date of Last Report 02/02/1998		5b. Amount of Capital Contributions in FLORIDA to date: — 0 —	
4. State or Country of Formation FL		6. FEI Number 59-2092225 <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 HARRISON, FRANKLIN R 304 MAGNOLIA AVENUE PANAMA CITY FL 32401		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 7000002755577-3 Suite, Apt. #, etc. -01/26/99-01094-021 City ***141.25 FL ***141.25	
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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) SHORE LINE OF PCB, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 304 MAGNOLIA AVE.	11b. City, State & Zip Code PANAMA CITY FL 32401	11c. Registration/ Document Number F30980
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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 *B. J. ...* DATE *12-30-98*
Typed or Printed Name of General Partner Signing Form *Lambert & Harte* Daytime Telephone Number _____

CR2E003 (8/98)