WILL BE SUBJECT TO REVOC			F				
LIMITED PARTNERSHIP ANNUAL REPORT 1999	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		,	FILED SECRETARY OF STATE DIVISION OF STATE			
1. Name of Limited Partnership	1a. DOCUMENT # A19722			98 NOV 12 PM 2: 04 white			
UMATILLA, LTD.			14.77				
Mailing Address	Principal Office Address			3. Date Formed or Registered	5a. Capital Shown	Contributions as	
2 424 Enterprise-roa d ⁾ Suite G - Clearwater FL 3 3763 -	24 24 ENTERPRISE ROAD - CUITE G CLEARWATER FL 33765 -			04/18/1985 3a. Date of Last Report	\$184,960.00		
2. Mailing Address	2a. Principal Office Address			02/05/1998 4. State or Country of Formation	5b. Amour Contrib to date	nt of Capital outions in FLORIDA	
516 Lakeview Road	516 Lakeview Road			FL			
Suite, Apt. #, etc. Unit 8	Suite, Apt. #, etc. Unit 8			6, FEI Number]	Applied For	
City & State	City & State			59-3530316		Not Applicable	
Clearwater, Florida Zip Country UCA	Clearwater, Florida Zip Country 1154			7. Certificate of Status Desired	<u> </u>	\$8.75 Additional Fee Required	
33756 Pinellas	33756 Pinellas			8. Make check payable to: Dept. of S	tate (See rever	se side for fee information)	
9. Name and Address of Current Re	gistered Agent			10. If changed, new Registered	Agent/Office		
Name							
FLYNN, THOMAS F 2424 Enterprise Ro a d	Street Address (PC			o. Box Number is Not Acceptable) Ceview Road			
SUITE G	Suite, Apt. #, etc.			.eview Road			
CLEARWATER FL 99763	Unit 8			Zip Code			
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership							
Pursuant to the provisions of sections 620,1051 and 62 for the purpose of changing its registered office or regis agent. I am familiar with, and accept the obligations of	itered agent, or both, in the State of Florid	a. Such change	rship organi e was autho	zed or registered under the laws of the rized by its general partner(s). I hereby	accept the app	s, submits this statement countment of registered	
SIGNATURE (Registered Agent Accepting Appointment)							
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)	11a. Address of Each General (Do NOT Use Post Office Box		11b.	City, State & Zip Code	11c.	Registration/ Document Number	
FRYNN, THOMAS F.	516 Lakeview Rd, 1 2769 WESTCHESTER DR.		CLEARWATER FL 33756				
RUMRELL, RICHARD G.	7077 BONNEVAL RD 200	JACK		KSONVILLE FL 32256			
¥	10151 Deerwood Pk						
	100 bldg, Ste 250)	1000026		s sanr	1414	
			100026900414 -11/18/8801004012 ****\$3\$.00 ****\$35.00				
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.							

Thomas F. Flynn

Typed or Printed Name of General Partner Signing Form

DATE 10/28/98 Daytime Telephone Number 727-449-1182 X 211