

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
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 14 AM 9:26

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12/17

1. Name of Limited Partnership MARMALADE PARTNERS I, LTD.	1a. DOCUMENT # A20715
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Mailing Address 1919 ESPANOLA DRIVE ORLANDO FL 32804-7019	Principal Office Address 1919 ESPANOLA DRIVE ORLANDO FL 32804-7019	3. Date Formed or Registered 09/09/1985	5a. Capital Contributions as Shown on record. \$295,169.24
		3a. Date of Last Report 11/26/1997	5b. Amount of Capital Contributions in FLORIDA to date:
		4. State or Country of Formation FL	
2. Mailing Address PO BOX 1915	2a. Principal Office Address ELEVEN DELEON AVE	6. FEI Number 59-2662290	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State Islamorada FL	City & State Islamorada FL	8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip 33036	Country MONROE		

9. Name and Address of Current Registered Agent BARLEY, MARY L 1919 ESPANOLA DRIVE ORLANDO FL 32804	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 11 DELEON AVENUE Suite, Apt. #, etc. City Islamorada FL Zip Code 33036
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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) M. L. Barley DATE 11/1/98

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) M- BARLEY, MARY L	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 1919 ESPANOLA DR 11 DELEON AVENUE	11b. City, State & Zip Code ORLANDO FL 32804 Islamorada FL 33036	11c. Registration/Document Number 600002715626--B -12/18/98--01031--019 *****526.25 *****526.25
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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 M. L. Barley DATE Nov 1 1998

Typed or Printed Name of General Partner Signing Form M.L. BARLEY Daytime Telephone Number 305/664 5598

CR2E003 (8/98)